



Name \_\_\_\_\_  
 Email \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Troop # \_\_\_\_\_ Date \_\_\_\_\_

## Troop Leader Self-Evaluation

Per Girl Scouts of Utah’s Youth Protection Policies volunteers are required to participate in an evaluation annually. This is part of our insurance obligation and an opportunity to receive feedback on our volunteer support procedures. Leaders need to complete the self-evaluation part of this form and submit to their service unit by the end of May.

Please rate yourself regarding the following questions	Always	Now & Then	Never	?
1. My troop does activities that makes us consider our own values while including the Girl Scout Promise and Law, and the GSLE (Girl Scout Leadership Experience).				
2. Girls are encouraged to discover ways that others are different while doing activities that also help them learn about conflict and friendship.				
3. Girls in my troop interact with people of different ages, races, and abilities.				
4. Girls in my troop are mindful to the feelings of others.				
5. Girls in my troop take the lead in working together to agree on how to work inclusively and equitably with each other.				
6. Girls take responsibility for the affairs of the troop. Girl/Adult planning procedures were implemented in all troop activities.				
7. Troop records in the VTK were maintained on a regular basis.				
8. I communicate regularly with caregivers and guardians.				
9. All girls and adults participating in troop activities are registered.				
10. I attend or send representation from my troop to each monthly Service Unit Leader meeting.				
11. Girls routinely evaluate the results of their activities.				
12. Girls in my troop can solve problems on their own and seek guidance from the adults when they are stuck or frustrated.				
13. The troop uses the Safety Activity Checkpoints when planning activities.				
14. The troop leadership team uses the VTK (Volunteer Toolkit) when planning meetings and badge work.				
15. The families of the girls in my troop understand why Girl Scouting is important for their girls.				

I completed New Troop Leader Training Date \_\_\_\_\_  
 I completed Youth Protection Training (every three years) Date \_\_\_\_\_  
 My CPR/FA is good until/I have a First Aider for my troop who is good until (First Aider Name) \_\_\_\_\_ Date \_\_\_\_\_

<b>Rate yourself regarding the following:</b>	<b>Great</b>	<b>Average</b>	<b>Poor</b>	<b>?</b>
My knowledge of GSUSA Volunteer Essentials and GSU Volunteer Policies is				
My knowledge of GSU Youth Protection Policy is				
My relationship with the other leaders of this troop is				

I would grade myself on my troop leadership as  A  B  C  D  F

I will be returning next year in my role as troop leader  Yes  No  Not Sure  Need to talk

On a scale of 1-10, with 10 being the most likely, how likely are you to recommend volunteering with Girl Scouts to others?

## Supervisor Meeting

(To be completed by a service unit team member when a face-to-face meeting is required)

**Date of discussion** \_\_\_\_\_ **Individual leading the meeting** \_\_\_\_\_

**What aspects of being a leader did they enjoy?**

**What would the leader do differently if they were to do this position again?**

**What additional support would have been helpful?**

**Is the leader willing to continue the responsibilities of the position?**  Yes  No

**Other positions or opportunities the leader is interested in pursuing.**

**Additional Leader Comments**

**Additional Service Team Comments**

**Troop Leader Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Service Unit Team Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Recommend reappointment  Not recommended for reappointment  Other \_\_\_\_\_