



Girl Scouts.

GIRL SCOUTS CAROLINAS PEAKS TO PIEDMONT

8818 West Market Street, Colfax , NC 27235

1-800-672-2148 or 336-274-8491

www.girlscoutsp2p.org



ANNUAL TROOP PROGRESS REPORT

Due: June 15th

Make 3 copies. Keep 1 and send 2 to your SUM

Leader's Name _____ Day Phone _____ Date _____
 Service Unit _____ Troop # _____ Grade Level _____

Troop Information:

Girls Registered in troop this year _____
 White _____ Black _____ Am. Indian _____ Hispanic _____ Asian _____ Other _____

Adults Registered _____ Female _____ Male _____
 White _____ Black _____ Am. Indian _____ Hispanic _____ Asian _____ Other _____

How many girls in your troop received one of the following this year: *(indicate the number)*

_____ Bronze Award _____ Silver Award _____ Gold Award
 _____ Badges earned (official badges not fun patches)
 _____ Journeys completed and which ones _____

Please fill in number of girls participating

Activity Name	Bridging Activities	Council Events	Service Unit Event	Day or Overnight Trip	Camping Trip	Money earning Project
Total Number of Activities						

SERVICE PROJECTS

Discover – Girls Develop Positive Values

Question: How many service projects did your troop participate in this year? _____

# of Girls Participating x	# of hours spent on project =	Total number of service hours
<i>Ex. 5 girls</i>	<i>7 hours</i>	<i>35 hours of service</i>

Connect – Girls feel connected to communities locally and globally

Question: What did girls learn from the service project(s)?

Take Action – Girls educate and inspire others to act
 Question: How did girls involve the community with the project?

Please give a brief description of each service project

Project Name	Description
<i>Ex.: Nursing Home Butterfly Garden</i>	<i>Girls met with Activity Director to coordinate the planning and implementation of a butterfly garden. Girls worked with residents and community to plant and landscape the garden.</i>

Please circle:

- | | | | |
|---------------------------------------------------------|-----|----|----------|
| 1. Did you follow SAFETY-WISE? | Yes | No | Not sure |
| 2. Did you use Girl/Adult Planning? | Yes | No | Not sure |
| 3. Did your troop plan and use a troop budget? | Yes | No | Not sure |
| 4. The girls participated in multi-cultural activities? | Yes | No | Not sure |
| 5. A first aider was present at troop activities? | Yes | No | Not sure |

Our troop was represented at _____ number of service unit meetings

Leader Information:

Will you be returning next year as the troop leader/asst leader of this troop? _____Yes _____No

If no, do you know who will be the leader/asst leader of this troop? _____

If no, are you planning to lead different troop? _____Yes _____No

Did you receive the support you needed from your service unit manager and service team?

_____Yes _____No?

Comments:

Did you receive the support you needed from the council? _____Yes _____No

Comments:

Thank you for completing this report. The information will assist the service unit and the council to provide the best possible service it can to you and the girls in your area.

Signature _____ Date _____

