

Girl Scouts of Western Rivers Council
2006/2007 Annual Troop Review
Submit to your Service Unit Manager by May 15th

Service Unit # _____ Troop No.: _____ Level DA BR JR CD SR TEEN (based on majority of girls)

Leader / Co- leader _____ Phone: _____

Please use the following criteria to measure the level of quality program in your troop. If you've got boxes marked "no", that's okay, as long as you use them as indicators of how to improve your troop program in the future.

YES NO Our troop was represented at **five or more** Service Unit Meetings this year.

YES NO Our leader(s)/other parent(s) attended the following council **training sessions** this year.

YES NO We incorporated **girl-planning and decision making** in keeping with the goals of Girl Scouts.

YES NO Our troop complied with **Safety-Wise guidelines** in all our activities.

YES NO As Leader(s), I (we) maintained **monthly communication** with girls and parents.

Our troop participated in the following activities between May 16th of last year and May 15th of this year

An activity can be used only **once** (i.e. if you invite family to your investiture, it can either be used for #1 or #2 not both.)

YES NO *Brownies and above- Participation in Council-sponsored **Product Sales** program on average to the patch level or above. Fall Sale requirement **may** be waived for 1st year troops.

Fall Sale # girls registered _____ # girls who participated _____

Cookie Sale # girls registered _____ # girls who participated _____

YES NO ***Girl Scout Ceremony** (Investiture/Rededication, Court of Awards, Scouts Own, Formal Flag ceremony)

Date _____ # girls registered _____ # girls who participated _____

YES NO ***Family Activity:**

Date _____ # girls registered _____ # girls who participated _____

What we did _____

YES NO ***Participate in a community service project(s) or Give service to your council:**

Date _____ # girls registered _____ # girls who participated _____

What we did _____

YES NO Activity with another Girl Scout Troop:

Date _____ # girls registered _____ # girls who participated _____

What we did _____

YES NO Do 1 activity from the Understanding Diversity Patch program or attend a Multi Cultural event.

Date _____ # girls registered _____ # girls who participated _____

What we did _____

YES NO Celebrate a special Girl Scout Day:

Date _____ # girls registered _____ # girls who participated _____

Day we celebrated _____

YES NO Complete at least one activity from a GSWRC patch program (see page 37 & 38 in troop leader notebook) **OR** GSUSA *Issues for Girl Scouts* (Connections, Girls Are Great, Read To Lead, Media Know How, In the Zone-available at your local office)

Date _____ # girls registered _____ # girls who participated _____

What we did _____

YES NO Brownies participate in an overnight **OR** Juniors and above participate in a camping activity **OR** Daisies participate in an outdoor activity. (i.e. Day hike, whale watching, sports day, picnic)
Date _____ # girls registered _____ # girls who participated _____
What we did _____

YES NO Be a sister troop.
Date _____ # girls registered _____ # girls who participated _____
What we did _____

YES NO Participate in some aspect of STUDIO 2B destinations (a.k.a. Wider Opportunities):
Date _____ # girls registered _____ # girls who participated _____
What we did _____

Additional support I (we) need/other comments:

Troops will be awarded P.E.P. patches or additional bars at no cost to the troop if all the following criteria are met:

➔ **OUR TROOP FINANCIAL REPORT AND ANNUAL REVIEW FORM WERE TURNED IN BY THE MAY 15TH DEADLINE.**

Yes was answered to first 5 statements, five or more Service meeting were attended, Girl Planning was incorporated, Safety-Wise guidelines followed, monthly communications was maintained and a troop adult attended a troop related training session.

➔ **OUR TROOP COMPLETED ALL THE * REQUIRMENTS AND NINE OF THE ELEVENACTIVITIES WITH 60% ATTENDANCE , DAISYS COMPLETED EIGHT OF THE EVELEN ACTIVITIES**

Note: % of attendance is based upon the number of girls registered with the troop at the time of the activity. (If a girl has moved or is no longer active in your troop, submit an "Updating Registration Information" form to remove her from your roster.)

Our Troop (circle one) HAS / HAS NOT met all the requirements for the P.E.P. Patch.

All girls currently active in the Troop will receive the P.E.P. Patch their first year of qualification. Girls who have earned the 1st year patch in **any** previous year or with any previous troop are **only** eligible to receive the P.E.P. patch bar in subsequent years.

_____ # free 1st year patches _____ # free bars Total = \$ No Charge

Additional patches may be purchased (to replace lost patches or for qualifying adults)

_____ # 1st year patches @ \$1.50 ea. _____ # bars @ \$.75 ea. Total = \$ _____

Signature(s) _____ Date _____

Leader

Co/Assist. Leader

Date Received _____

Reviewed by SU Manager:

Date _____

Approved by Staff:

Date _____

Filled by:

Date _____