

TROOP TRIP REPORT

Use to report Day and Overnight trips, or troop camping.

Attach first aid report if any first aid administered. Complete within one week of trip and submit to Girl Scouts of Shagbark Council Service Center at 4102 S Water Tower Place, Mt. Vernon, IL 62864

Troop#_____ Troop Age Level (circle) DA BR JR CD SR AM

Troop Leader:_____

Leader Address:_____

City/State/Zip:_____

Home Phone:_____ Work Phone:_____

Trip Date(s):_____

Trip Destination:_____

List Number Attending:

___ Daisy ___ Brownie ___ Junior ___ Cadette ___ Senior ___ Ambassador ___ Adults

_____ Total Attending

Was any first-aid administered? ___ Yes ___ No. If yes, attach first-aid report form.

What was the most successful activity of the trip?

Did you have any problems, if yes, what?

Would you recommend this trip/activity to other troops/groups?

Other comments?

Signature of Troop Leader:_____ Date:_____

PLEASE COMPLETE BACKSIDE

As you know we receive funding from numerous United Way and United Fund organizations as well as grants from various organizations and foundations. Please assist us in our reporting requirements by completing the following program outcomes measurements (check all that apply).

Youth develop and maintain functional life skills:

- self-care skills/hygiene safety behaviors manners
 household skills problem solving skills proficiency skills

Youth develop and maintain positive social skills:

- positive regard for rules and authority appropriate social behaviors
 appropriate communication skills displays tolerance for diversity

Youth develop and maintain positive self-concept:

- positive self-concept leadership skills goal setting
 sportsmanship self-expression communication skills

Youth are engaged with people in their community:

- positive behavior towards participation in community service projects
 works with others to accomplish a common goal
 engages with diverse people and cultures

Other comments/observations