

Location: _____ Date: _____

Girl Name: _____ Age: _____

- | | YES! | Not Sure | No |
|---|---|---|---|
| 1. At day camp, I learned how to get along with people who are different from me |  |  |  |
| 2. I learned a new skill! What skill?
_____ |  |  |  |
| 3. People here helped me feel good about myself |  |  |  |
| 4. Other girls listened to me, and I listened to them |  |  |  |
| 5. Adult staff & LITs were really nice |  |  |  |
| 6. I will recommend Girl Scouts day camp to my friends |  |  |  |
| 7. I want to come back to day camp next year |  |  |  |

<p>Write or draw about your favorite part(s) of day camp:</p>	<p>Write or draw about your least favorite part(s) of day camp:</p>
<p>If you were in charge, what NEW activities would you like to see at day camp?</p>	<p>What do you want to change about day camp?</p>