Girl Scout Gold Award Final Report

to (enter your Girl Scout council name)

Please fill out using a word processing program, or type or print in black ink. Make copies for your Girl Scout Gold Award Project Advisor and for you to keep. SUBMIT ORIGINAL TO YOUR COUNCIL.

Name:

Address: **Zip:**

Phone: ( ) **Your Email:**

Age: Grade: School:

Troop/Group Advisor: Troop/Group Number:

Troop/Group Advisor's Phone: ( ) Email:

Girl Scout Gold Award Project Advisor:

Project Advisor's Phone: ( ) Email:

Title of Project:

STEP 6: Tracking Project Hours

Date started: **Date Completed:**

STEP 7. Reflection and Evaluation

A. Briefly summarize your project. Include the issue your project addressed and the methods you used for meeting the project objectives.

B. Discuss the benefits your project provided to others in the community.

C. Detail the method used for evaluating the impact of your project.

D. What did you learn about yourself as a result of this project?

E. What aspects of your project would you change or do differently?

F. What was the most successful aspect of your project?

Your signature: _____ **Date:**

Girl Scout Gold Award Project Advisor's signature: _____

ACTIONS:	**DATE:**
Received by Council on:	
Final approval given:	

Approved: _____ Date: _____
Council Representative