

COOKIE PROGRAM 2010



Girl Scouts of Northern Illinois
 Sugar Grove Service Center
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EVALUATION FORM (T-7)

Please share your views regarding the Cookie Program 2010.
 Rate each item on a scale of 1 to 5; 5 is best, 1 is worst.

A few questions require a short statement. Feel free to photocopy and add comments on the back. Thank you for your help. Return this form to your Cookie Chair or Cookie Contact by **March 12, 2010.**

Great!	Pretty good	So So	Could be better	Really needs work!
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Were you trained? YES, training was _____
 NO, because _____

5	4	3	2	1
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Did you read or refer to the Troop Cookie Manager Guide for information?
 YES, book was _____
 NO, because _____

5	4	3	2	1
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Did your troop use the Girl's Goal Getter Order Form?
 YES, it was _____
 # of boxes sold _____ NO, because _____

5	4	3	2	1
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Did you place additional orders with Council, after submitting your initial order?
 YES, it was _____
 NO, because _____

5	4	3	2	1
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Please rate ebudde

Easy to use	5	4	3	2	1
Online training	5	4	3	2	1
Entering data	5	4	3	2	1
Reports	5	4	3	2	1
Want to use next year	5	4	3	2	1

Calendar

Selling time	5	4	3	2	1
Cookie Order due to Chair	5	4	3	2	1
Cookie Pickup from Delivery Site	5	4	3	2	1
Cookie Delivery	5	4	3	2	1
Final Paperwork to Chair	5	4	3	2	1

Collecting/Banking

Collecting \$\$ from girls	5	4	3	2	1
Banking procedures	5	4	3	2	1
Bank personnel	5	4	3	2	1

Incentives

Overall Opinion	5	4	3	2	1
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Booth Sales

Did you participate?	5	4	3	2	1
YES, it was _____	5	4	3	2	1
NO, because _____					

Optional Name _____ Troop/Service Unit _____
 Turn in to your Cookie Chair/Cookie Contact with Troop Sales Report and deposit slips.