



Girl Scouts of Northern Illinois Cookie Program Evaluation for Cookie Chairs

The completion of this form is valuable to the Product Sales Program. Your information and suggestions are reviewed to help make our program better each year! After completion, please click "Submit" or you can download, complete and return it to your council's Product Program Managers or your Service Unit Cookie Coordinator.

Age level: ___ Girl Scout Daisy ___ Girl Scout Brownie ___ Girl Scout Junior
___ Girl Scout Cadette ___ Girl Scout Senior ___ Girl Scout Ambassador

Service Unit: _____

Pathway: _____ Troop _____ Group _____ Other (Please indicate) _____

Are you a _____ Cookie Coach or _____ Leader/Facilitator?

Number of years: _____

Did your troop/group participate in the Girl Scout Cookie Program? ___ Yes ___ No

If not, what was the reason? Check all that apply.

___ Start date was too early

___ Group was not formed when the program began

___ Girls/parents not interested in selling

___ Group was too overwhelmed

___ Group had no knowledge of the program

___ Program competed with school fundraiser

___ Was not able to find a parent to take on responsibility

___ Other: _____

Did your training adequately prepare you for this position? ___ Yes ___ No

If not, please explain: _____

Do you have any suggestions for future trainings? _____

How would you prefer to receive your Cookie training?

___ In person

___ Webinar

___ Video training link

Did you train the girls regarding: ___ Product? ___ Deadlines? ___ Incentives? ___ Safety Practices? ___ Sales Techniques? ___ Cookie Dough? ___ Gift of Caring? ___ S'More Dough?

Did you use the Cookie VIP Training? ___ Yes ___ No

Did you find it helpful? ___ Yes ___ No

Did your troop/group set a box goal? ___ Yes ___ No

Was information you received clear and easily understood? ___ Yes ___ No

If not, please explain: _____

Did you receive all needed information? ___ Yes ___ No

If not, please explain: _____

Did you understand the banking procedure? ____Yes ____No

If not, please explain:

Did you receive advance notice to prepare for delivery day? ____Yes ____No

Did you participate in a cookie booth sale? ____Yes ____No

If yes, did the booth sale increase your overall sales? ____Yes ____No

If no, why did you decide not to hold a booth sale? _____

What part or parts of the eBudde system should be discussed at training in more detail? _____

Did you use the Cookie Hotline this season? ____Yes ____No

If yes, did you find it useful? ____Yes ____No

Please rate these aspects of the sale according to the following scale:

	4 – EXCELLENT	3 – GOOD	2 – FAIR	1 – POOR
Timing of training	4	3	2	1
Advance notice of training	4	3	2	1
Availability of Service Unit Cookie Coordinator	4	3	2	1
Cookie delivery/pick up	4	3	2	1
Timing of the Sale	4	3	2	1
Ease of eBudde	4	3	2	1
Other _____	4	3	2	1

Additional Comments: _____

I would like to volunteer my expertise in next year’s Cookie Program in the following capacity:

- _____ Run a Cookie Cupboard for my area
- _____ Help plan and implement a kick-off event
- _____ Join the Gift of Caring Committee
- _____ Become a Cookie Courier
- _____ Assist the Cookie Hotline
- _____ Other _____

For more information on the above positions, contact Madelon at 847-741-5521, Ext. 7120

Optional Name: _____

Address: _____

City, State, Zip: _____

Phone: (H) _____ (W) _____

E-Mail Address: _____