



Fall Product Evaluation

Your help in completing this evaluation is valuable in the reporting of this year’s sale and the planning of future sales. All evaluations are reviewed by the Product Sales Department. Please complete this form and “Submit” or download it and return to a Product Sales Manager or Service Unit Fall Product 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 ___ Fall Product Coach or ___ Facilitator/Leader?
Number of years: _____

Did you participate in the Fall Product Program? ___ Yes ___ No
If not, what was the reason? Check all that apply.

- ___ Start date too early
- ___ Not formed when program began
- ___ Girls/parents not interested in selling
- ___ Too overwhelmed
- ___ Did not know about it
- ___ Competed with school fundraiser
- ___ Could not find a parent to take on responsibility
- ___ Other: _____

Did your training adequately prepare you for your job? ___ Yes ___ No
If no, please explain: _____

Do you have any suggestions for future trainings? _____

Were you able to instruct girls regarding:	Goal setting?	Deadlines?
Safety Practices?	Products?	Sales Techniques?
Incentives?		
QSP Online Program?	Step 2 Booklets?	Patch Programs?
		Gift of Caring?

Was paperwork clear and easily understood? ___ Yes ___ No
If no, please explain: _____

Did you receive all needed forms? ___ Yes ___ No
If no, please explain: _____

Did you download the Nut E manual from the Ashdon Farms website? ___ Yes ___ No
If yes, did you find it useful? _____

Did you participate in the Nuts for Soldiers (Gift of Caring) program? ____Yes ____No

Did you receive advance notice of delivery day? ____Yes ____No

Was the delivery date and location convenient? ____Yes ____No

If no, please explain: _____

Did you participate in the QSP Online magazine sales? ____Yes ____No

If yes, how was your experience?

Did you use the Fall Product 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 your training	4	3	2	1
Advance notice of training	4	3	2	1
Availability of Service Unit FP Coordinator	4	3	2	1
Product delivery/pick up	4	3	2	1
Incentive delivery/pick up	4	3	2	1
Timing of the sale	4	3	2	1
Ease of the Nut-E Online ordering System	4	3	2	1
Excitement of girls about the incentives	4	3	2	1

Additional Comments:

I would like information on volunteering to assist the Product Sales Dept. in their effort to facilitate the Fall Product Program and/or educate more Girl Scouts about this program.

Optional: Name: _____

Address: _____

City, State, Zip: _____

Phone: (H) _____ (W) _____

E-Mail Address: _____

Thank you!