



**Girl Scouts of Michigan Capital Council
2008 Cookie Program Evaluation**

SU# _____ Troop# _____ Program Level _____

In order to ensure a successful cookie program next year, we need your input. Please fill out this evaluation form and turn it in with the rest of your final reports. Each year the changes that are made in procedures are based on these evaluations.

With the revamping of our new council boundaries there may be some changes in our program next year so we would like your input on what things you really liked or disliked about our program as it stands.

Are you a new or experienced cookie manager? _____

Did you receive adequate information before the sale began? _____

In order of preference, number the items below by highest priority(#1) to lowest(#10)

- _____ Product
- _____ Program
- _____ Girl Incentives
- _____ Paper work
- _____ Dates
- _____ Delivery
- _____ Recognition Events
- _____ Kick Offs/Rallies
- _____ Troop Profit
- _____ Service Unit Proceeds

Please tell us why you selected your #1 choice

Please tell us why you selected your #10 choice

What else would you like to tell us?

PLEASE TURN IN THIS FORM WITH FINAL PAPERWORK BY April 15, 2008