



# IWD CHALLENGE GROUP EVALUATION FORM

Guider contact name: \_\_\_\_\_

Branch & unit number: \_\_\_\_\_

District & area: \_\_\_\_\_

Which activities did your group complete? (Please circle.)

### CONSIDERING MYSELF

A B    1 2 3 4 5 6 7 8 9

### IN MY COMMUNITY

A B    1 2 3 4 5 6 7 8 9 10 11

### THINKING NATIONALLY

A B    1 2 3 4 5 6 7 8

### A GLOBAL PERSPECTIVE

A B C    1 2 3 4 5 6 7

Which activities did you enjoy the most?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which activities would you change, and how?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any other feedback?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please complete this group evaluation form, and send it along with \$2 for each crest to Guide House (3581 Dutch Village Rd, Halifax NS B3N 2S9). Group evaluation forms may also be sent via email to Denise Hirtle (Deputy Provincial Commissioner, Youth Support) at [dpc.youth@girlguides.ns.ca](mailto:dpc.youth@girlguides.ns.ca).