

MEET MY GIRL SCOUT

This form is designed to give your child's troop leader additional information about her that is not included on the Health History Form. Please deliver it to your troop leader when complete. We hope this will help make your child's time in Girl Scouts happy, rewarding, and exciting!

My child,	, is excited about being a Girl Scout, and so am I!
I want you to know a little more about	them, so meet my Girl Scout:
My Girl Scout is most happy when	
My Girl Scout is unhanny when	
My Officeout is unitappy when	
My Girl Scout gets excited about	
My Girl Scout is afraid of	
My hopes for my child's experience wi	th Girl Scouts are and I want them to experience
My Girl Scout is most looking forward toin Girl Scouts. They are most concerned about	

Their favorite activities at home, neighborhood, and scho	ol are
I worry about with this program.	
A successful experience for my child includes and he	elps my child be successful.
Their needs in this program include (medical, safety, medical, safety, safe	obility, and social/communication)
My Girl Scout is motivated by (How do you let them kno	ow they are doing a good job? What type of
encouragement do you use—verbal, etc.)?	and all the state of the state
How would you like to participate in your child's experier	nce? What kind of help are you interested in providing
Parent/Guardian Name:	Data
Parent/Guardian Name:	Date: