

ADULT LEARNING REGISTRATION FORM

Name of course: _____ Date: _____

Location: _____ Time: _____

Service Unit: _____ Position: Leader Co-Leader Other

Current Grade Level of Troop: Daisy Brownie Junior Cadette Senior Ambassador

Your Name: _____ Email: _____

Day Phone: _____ Night Phone: _____

Address: _____ City/ST/Zip: _____

Number of years as a Girl Scout Leader: _____ Date of Orientation Training: _____

Special Request or Comments: _____

Needs Assessment

The following needs assessment will help the facilitator determine the group's needs.

Please rate your knowledge of the following subjects with:

0—being little or no understanding

1—some understanding or knowledge

2—some knowledge and understanding of, but need to know more

3—very knowledgeable and have a good understanding of the subject

(Please circle a number)

Service Projects	0	1	2	3
Safety-Wise	0	1	2	3
Girl/Adult Partnership	0	1	2	3
Planning Your Troop Year	0	1	2	3
Troop Government	0	1	2	3

List three things you would like to learn from this course:

1. _____

2. _____

3. _____

Please mail or fax registration one week before training to: Adult Development
Girl Scouts of Eastern Iowa & Western Illinois
2011 Second Ave.
Rock Island, IL 61201
309-788-0836

You can also email the registration information to adultlearning@gseiwi.org