

## Introduction to Outdoor Leader Skills

# Course Evaluation

Date \_\_\_\_\_ Location \_\_\_\_\_

**THANK YOU** for your participation and the time you have spent for the enhancement of your personal Scouting skills. Your commitment to give our youth confidence in outdoor skills will be a special part of your unit program. To assist us with future courses, please take a moment to complete the following.

1. Did we provide information, ideas and materials that will help you understand your responsibility in teaching Scouts outdoor skills?  Yes  No

If no, what was lacking? \_\_\_\_\_

2. What part of this course will have the most value for you in achieving these skills? \_\_\_\_\_

\_\_\_\_\_

What part will have the least value? \_\_\_\_\_

3. Were there sessions that left you with unanswered questions?  Yes  No

If yes, which ones? \_\_\_\_\_

What do you need to know? \_\_\_\_\_

4. Could you see and hear the presenters?  Yes  No

5. How did you hear about this training? \_\_\_\_\_

6. Would you encourage others to attend?  Yes  No

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