



Girl Scouts of Rhode Island, Inc.
PROGRAM COORDINATOR SELF-APPRAISAL

Please submit completed evaluation to your SUM/Membership Specialist by June 30th

Name: _____ Service Unit: _____ Date of Review: _____

Purpose:

The Service Team implements and evaluates ways to provide and maintain Girl Scouting within a designated community. The Service Team is appointed by and is accountable to the Service Unit Manager and the Membership Specialist.

Ratings

Please circle the appropriate category.
Explain ratings below 2.

- 1- Needs improvement
- 2- Meets expectations
- 3- Exceeds expectations

ACCOUNTABILITIES

RATINGS

1. Took appropriate training for the position and kept my knowledge current at all times	1	2	3
2. Cognizant of leader needs and worked with the Service Unit Manager, Program Specialists and Membership Specialists to meet these needs in a timely manner.	1	2	3
3. In consultation with Service Unit Manager and Membership Specialist, recruited and appointed program consultants for each program level and workshop as needed.	1	2	3
4. Conferred with an experienced leader about the needs of new leaders.	1	2	3
5. Explained program opportunities and program level resources including bridging activities, Council events, community-service projects and intercultural activities.	1	2	3
6. Maintained the Service Unit program box by keeping it up-to-date and available to troop leaders.	1	2	3
7. Encouraged use of National and Council program resource materials such as Leaders' Guides, handbooks and the GSRI, Inc. Leader Manual.	1	2	3
8. Initiated opportunities for older girls to plan and provide leadership for younger girls and promoted the older girl leadership training program.	1	2	3
9. Maintained a record of Juliettes and informed them of appropriate program and event information and invitations to local activities.	1	2	3
10. Attended Service Team and Service Unit Leader meetings.	1	2	3
11. Adhered to and promoted National and Council policies, standards and procedures.	1	2	3

12. My strengths as a Service Team member are:

13. In order to excel at the responsibilities of this position, I need the following help:

Please rate your satisfaction in the position (1= least, 5= greatest): 1 2 3 4 5

Comments:

Service Team Member Signature: _____ Date: _____

Service Unit Manager or Membership Specialist please complete the following:

Please check (✓) one of the following:

____ Recommended for reappointment to current position.

____ Recommended for the following position: _____

____ Not recommended for reappointment.

____ Will not continue.

Comments:

Reappointment has been recommended by:

Service Unit Manager: _____ Date: _____

Membership Specialist: _____ Date: _____