



Meet My Girl Scout

This form provides your Girl Scout's troop co-leaders additional information about your Girl Scout that you might not include on the Health and Safety Record. We hope this will help make your youth's time in Girl Scouts happy, rewarding, and exciting!

Dear Troop Co-Leaders,

_____, is excited about being a Girl Scout, and so am I.

My Girl Scout feels happiest when...

My Girl Scout feels unhappy when...

My Girl Scout gets excited about...



My Girl Scout is hesitant about...

My expectations for my Girl Scout's experience with the troop are...

My Girl Scout is most looking forward to.....in Girl Scouts.

My Girl Scout's favorite activities at home, neighborhood, and school are...

A successful experience for my Girl Scout includes... and will help my Girl Scout be successful.

My Girl Scout may need additional support (to complete program activities):

My Girl Scout is motivated by... (How do you let your Girl Scout know that they are doing a good job? What type of encouragement do you use? verbal, visual, etc.)?

How would you, as a caregiver, like to participate in your Girl Scout's experience?
What kind of support are you interested in providing?

Let us know the best way to communicate with you regarding your responses on this form
(phone call, email, text, no reply necessary)

Caregiver/Guardian Name: _____

Date: _____

girl scouts 
of greater new york

