

TROOP 810 LEADERSHIP EVALUATION

This form should be completed by the Scout and his Mentor for the leadership position during the past 6 months, as part of the Scout's reflection of his leadership experience. Once completed, this form should be given to the Scoutmaster.

Scout: _____ Position: _____ Mentor: _____

SCOUT'S SELF-EVALUATION

What responsibilities of the position do you think you performed especially well?

What responsibilities of the position do you think you could have performed better?

What advice would you give the next Scout who serves in this leadership position?

Please grade your overall performance in this leadership position (circle one):

A B C D E

MENTOR'S EVALUATION

Did the Scout complete the requirements for this leadership position?

Yes

No

Comments:

SIGNATURE

The Scout and Mentor have discussed this evaluation.

Scout: _____

Mentor: _____