



Girl Scout Gold Award Final Report for
Girl Scouts of Central and Western Massachusetts

Submit the original completed form to your council. Make copies for your Girl Scout Gold Award project advisor and you to keep.

Contact Information

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

E-mail: _____ Phone: _____

Age: _____ Grade: _____ School: _____

Troop/Group Number: _____ Troop/Group Leader/Advisor: _____

Troop/Group Leader/Advisor's Phone: (____) _____ E-mail: _____

Girl Scout Gold Award Project Advisor: _____

Project Advisor's Organization: _____

Project Advisor's Phone: (____) _____ E-mail: _____

Your Team: List the names of individuals and organizations that worked with you on your Take Action Project.

Team members	Affiliation	Role

Take Action Project

Project Title: _____ Start Date: _____

Completion Date: _____ Hours: _____

- A. Describe the issue your project addressed, what impact you had hoped to make, and who benefitted.

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B. What was the root cause of the issue? How did you address it?

C. How will your project be sustained beyond your involvement?

D. Explain the national and/or global link to your project.

E. Describe any obstacles you encountered and what you did to overcome them.

F. Describe what steps you took to inspire others through sharing your project. (Web site, blog, presentations, posters, videos, articles, and so on).

G. Describe what you learned from this project including leadership skills you developed. What did you learn about yourself as a result of this project?

H. What was the most successful aspect of your project?

I. What aspects of your project would you change or do differently if you could start over?

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Impact

Using the Impact Chart, describe the impact signs your project has had and will have on your community and your target audience.

Impact On . . .	Goals	Examples of Immediate Impact	Possible Future Impact
Community	What community issue was addressed?	What are concrete examples that you made a difference?	What examples of the project impact might you see in future?
Target Audience (workshop participants, other youth, community members, and so on)	What skills, knowledge, or attitudes did your target audience gain?	What examples demonstrate that the target audience gained skills or knowledge?	What would be examples of a long-term impact on your target audience?

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Impact, continued

Impact On ...	Goals	Examples of Immediate Impact
You	<p>Which of the 15 Girl Scout Leadership Outcomes* listed do you think you were able to develop through this project?</p> <p>Discover:</p> <ul style="list-style-type: none"> <input type="checkbox"/> I developed a stronger sense of self. <input type="checkbox"/> I developed positive values. <input type="checkbox"/> I gained practical life skills. <input type="checkbox"/> I sought challenges in the world. <input type="checkbox"/> I developed critical thinking. <p>Connect:</p> <ul style="list-style-type: none"> <input type="checkbox"/> I developed healthy relationships. <input type="checkbox"/> I promoted cooperation and team building. <input type="checkbox"/> I resolved conflicts. <input type="checkbox"/> I advanced diversity in a multicultural world. <input type="checkbox"/> I felt more connected to my community, locally and globally. <p>Take Action:</p> <ul style="list-style-type: none"> <input type="checkbox"/> I will identify community issues. <input type="checkbox"/> I will be a resourceful problem solver. <input type="checkbox"/> I will advocate for myself and others, locally and globally. <input type="checkbox"/> I will educate and inspire others to act. <input type="checkbox"/> I will feel empowered to make a difference in the world. <p>*Want more information on the Girl Scout Leadership Outcomes? Visit www.girlscouts.org/research/publications/outcomes/transforming_leadership.asp.</p>	<p>Within each leadership key (Discover, Connect and Take Action) list one or two examples of your growth as a leader.</p>

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Possible Future Impact

How do you think your leadership skills will grow in the future because of this project?

Your Signature: _____ Date: _____

Project Advisor's Signature: _____ Date: _____

Actions	Date
Received by Council	
Final Presentation to GA Mentor Committee	
Final Approval Given by GA Mentor Committee	

Approved: _____ Date: _____

Council Representative