Girl Scout Silver Award Final Report

Committee Name: USAGS-Lien Doan Chi Lang

Submit the original completed form to your Silver Award Advisor. Make copies for your Girl Scout Silver Award Advisor, project consultant and you to keep.

**Contact Information**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| City: |  | State: |  | Zip code: |  |
| E-mail: |  | Phone: |  |
| Age: |  | Grade: |  | School: |  |
| Troop Number:  |  | Troop Leader: |  |
| Troop Leader Phone: |  | E-mail: |  |
| Silver Award Advisor: |  |
| Advisor Phone: |  | E-mail: |  |
| Project Consultant: |  |
| Consultant 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** |
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**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.

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?

Impact Chart

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? |

|  |  |  |
| --- | --- | --- |
| **Impact…** | **Goals** | **Examples of Immediate Impact** |
| **You** | Which of the 15 Girl Scout Leadership Outcomes\* listed do you think you were able to develop through this project?**Discover:** I developed a stronger sense of self. I developed positive values. I gained practical life skills. I sought challenges in the world. I developed critical thinking.**Connect:** I developed healthy relationships. I promoted cooperation and team building. I resolved conflicts. I advanced diversity in a multicultural world. I felt more connected to my community, locally and globally.**Take Action:** I will identify community issues. I will be a resourceful problem solver. I will advocate for myself and others, locally and globally. I will educate and inspire others to act. I will feel empowered to make a difference in the world.\*Want more information on the Girl Scout Leadership Outcomes? Visit [www.girlscouts.org/research/publications/outcom](http://www.girlscouts.org/research/publications/outcom) es/transforming\_leadership.asp. | Within each leadership key (Discover, Connect, and Take Action), list one or two examples of your growth as a leader. |

**Possible Future Impact**

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

Your Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Silver Award Project Consultant’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Silver Award Project Advisor’s Signature

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Board of Review Chair Signature