Outdoor Skills Pre-Assessment Form

Name:	Community:	Troop:	Level:	
Course Dates:	Position:		Years in GS	
Please answer the following questions and retu your trainers to deliver the me				This will assist
Circle all that apply. Have you ever been camping? Yes No	What type? Fan	nily Troop Ba	ckyard Othe	r
I work with: GS Daisys GS Brownies GS Ju	niors GS Cadettes C	GS Seniors GS A	mbassadors	Adults
What type of certification, if any, to you have	related to outdoors? _			
Reason for attending this course:				
Please rate yourself on the following scale: 4= understand well enough to teach 2= somewhat knowledgeable about skill		and very well ttle or nothing ab	out this skill	
Planning Progression in the outdoors Girl/Adult planning Kaper Charts Planning a hike	Planning a campfire or Scout's Own Scheduling activities for day/weekend outing Planning a program activity for troop Planning an outdoor meal			
Health and Safety The buddy system Use of Safety-Wise Food storage at campsite Dishwashing at campsite	Fire drills and fire Basic outdoor safe Garbage disposal/r Cleaning of bathro	ty rules ecycling at camps		
Outdoor Skills Build/light wood fire outside Build/light a wood fire in fireplace Cook a meal outdoors Pack properly for a day hike	~ 1 0	mpact camping platform tent		
Activities Lead and teach songs Lead and teach a game	Run a campfire for Prepare rainy day a		oup	
Please list 3 goals you hope to achieve during	this training.			
Do you have any food restrictions or allergies	?			

Please let us know any other pertinent information about yourself of which the trainers should be aware.

Thank you for your participation. Enjoy the training!