



Bear Claw National Youth Leadership Training

SCOUTMASTER'S EVALUATION

The following is a confidential evaluation of _____

Please complete the evaluation and review the entire application and return them as soon as possible. Unit Leaders are responsible for the return of the Registration packet (Scout's Application, Scoutmaster's Evaluation, & \$100 Deposit or full course fee (\$ 325) to the Council Service Center. We suggest the unit keep a copy of all paperwork turned in to Bear Claw

Please check the box that best describes the applicant. Your comments are also important

APPEARANCE	<input type="checkbox"/> Flawless	<input type="checkbox"/> Well-groomed	<input type="checkbox"/> Generally neat
DEPENDABILITY	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Usually dependable	<input type="checkbox"/> Requires supervision
INITIATIVE	<input type="checkbox"/> Self-motivated	<input type="checkbox"/> Industrious	<input type="checkbox"/> Has necessary drive
PERSONALITY	<input type="checkbox"/> Magnetic	<input type="checkbox"/> Outgoing	<input type="checkbox"/> Reserved
LEADERSHIP	<input type="checkbox"/> Inspirational	<input type="checkbox"/> Able to take charge	<input type="checkbox"/> Good team member
ATTITUDE	<input type="checkbox"/> Always enthusiastic	<input type="checkbox"/> Positive	<input type="checkbox"/> Generally acceptable
COMMON SENSE	<input type="checkbox"/> Uses sound judgment	<input type="checkbox"/> Usually sound	<input type="checkbox"/> Needs experience
INTEGRITY	<input type="checkbox"/> Always trustworthy	<input type="checkbox"/> Generally reliable	<input type="checkbox"/> Sometimes lacking
ORAL EXPRESSION	<input type="checkbox"/> Eloquent	<input type="checkbox"/> Excellent	<input type="checkbox"/> Satisfactory
COOPERATES W/PEERS	<input type="checkbox"/> Inspires confidence	<input type="checkbox"/> Cooperates willingly	<input type="checkbox"/> Usually cooperative
MATURITY (FOR HIS AGE)	<input type="checkbox"/> Very mature for his age	<input type="checkbox"/> Average for his age	<input type="checkbox"/> Has good and bad days
SELF - RELIANCE	<input type="checkbox"/> Enjoys independence from parents on trips.	<input type="checkbox"/> Occasionally expresses need for parents on trips.	<input type="checkbox"/> Parent always comes camping with this Scout

Our troop holds Troop Leadership Training. Yes No

This Scout has attended our Troop Leadership Training Yes Year _____ No

Have Youth Leaders from your troop attended Bear Claw before? Year last attended _____ No

Why do you recommend this scout attend Bear Claw? _____

What, in your estimation, is the scout's greatest ability? _____

What, in your estimation, is the scout's weakness? _____

In your opinion, how can Bear Claw help your Youth Leaders / Troop? _____

I have reviewed and understand the process for submitting the complete registration packet before a youth leader can be accepted to attend Bear Claw NYLT . I understand that the scout must be 13 by June 1 and is First Class.

Scoutmaster's Name (PLEASE PRINT CLEARLY) _____

Address _____

City _____ Zip _____ E-mail _____

Phone H () _____ - _____ W () _____ - _____ Fax () _____ - _____

SCOUTMASTER _____ Date _____

(Signature Required)