



## Needs Assessment

We look forward to partnering with you to make your Girl Scout's experience the best for their upcoming: camp, program, trip, or event. Please help us create a welcoming environment while they are with us by completing this form (if applicable) and then submit it by the designated date. In the spaces below, please describe any physical, psychological, or emotional challenges that we would need to be aware of. (This information will be kept confidential and only shared with the necessary staff/volunteer that will be responsible for your participant's care)

Girl Scout Name: \_\_\_\_\_ Program Level: \_\_\_\_\_

Event/Camp Name: \_\_\_\_\_ Event/Camp Date: \_\_\_\_\_

1. Please describe any medical concerns/conditions that we would need to be aware of:

2. Please describe any food allergies or restrictions that we would need to be aware of:

3. Please describe any physical, psychological, or emotional challenges that we would need to be aware of:

4. Please describe anything else that we would need to be aware of:

\_\_\_\_\_  
Print - Parent/Guardian Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature