Bear Claw National Youth Leadership Training

Post Course Evaluation

From: ***District*** _____ ***Council*** _____

I certify that Scout _____ has successfully achieved his vision and is entitled to receive his Bear Claw necklace and beads.

What was his personal post course vision:

_____

_____

_____

What were his goals?

(1)_____

(2)_____

(3)_____

How did it affect the performance of the patrol and/or troop?

_____

_____

_____

_____

_____

Did his vision and goals bring your troop closer to becoming a youth-run unit? Yes No

Will you send other Scouts to Bear Claw NYLT? Yes No

Add sheets for additional comments.

Scoutmaster: _____ Troop: _____

Address: _____

City, ST, Zip: _____

Telephone: ( ) ____-_____E-Mail (must provide) @

Signature: _____ Date _____