

Merit Badge Experience Survey

Name of Merit Badge: _____ **Date:** _____

Name of Merit Badge Counselor: _____

Date of First Meeting with Merit Badge Counselor: _____

Date Counselor's Signature was obtained: _____

Circle the appropriate rating

- | | | | |
|--|-----|----------|----|
| 1. Was it easy to contact the Merit Badge Counselor? | Yes | Somewhat | No |
| 2. Was the Counselor helpful and courteous? | Yes | Somewhat | No |
| 3. Did the Counselor seem to know the subject? | Yes | Somewhat | No |
| 4. Did the Counselor treat you fairly? | Yes | Somewhat | No |
| 5. Was the Counselor receptive to your questions? | Yes | Somewhat | No |
| 6. Did the Counselor make the subject interesting? | Yes | Somewhat | No |
| 7. Did the Counselor add to the requirements of the badge? | Yes | Somewhat | No |
| 8. Did the Counselor skip any requirements of the badge? | Yes | Somewhat | No |
| 9. Did you understand the merit badge requirements? | Yes | Somewhat | No |
| 10. Were you prepared to answer or ask questions? | Yes | Somewhat | No |
| 11. Did you read the merit badge pamphlet? | Yes | Somewhat | No |
| 12. Would you recommend this Counselor to another Scout? | Yes | Probably | No |

Comments: _____

Thank you for taking the time to answer these questions. Your responses will help us to deliver a quality advancement program. Submit this form to San Diego-Imperial Council, Advancement Committee, 1207 Upas Street, San Diego CA 92103.

Name of Scout (optional): _____ **Unit #:** _____