



Crossroads of America Council

Unit Visit Tracking Information

VISIT

UNIT TYPE: Pack / Troop / Team / Crew / Ship UNIT #: _____

TYPE OF VISIT: Committee Mtg / Unit Activity / Other: _____

DATE OF VISIT: _____ # OF ADULTS: _____ # OF YOUTH: _____

QUALITY INDICATORS

Planning	Did the observed program reflect prior planning and adequate preparation?	YES / NO
Program	Was the observed activity appropriate to the stated advancement and program objectives for this unit?	YES / NO
Leadership	Was adult (and age-appropriate youth) leadership present during this activity?	YES / NO
Tone	Did the Scouts appear to enjoy and be engaged with the program activity?	YES / NO
Attendance	Was actual attendance at this activity at or near the number of enrolled youth?	YES / NO

COMMENTS *(Please indicate if the comment is regarding the Visit, Unit or General)*
