

UNIT INVENTORY OF TRAINING

INSTRUCTIONS: This form is used for showing the record of an individual unit.

_____ No. _____ Date _____

Type of unit* _____

Community _____ State _____

Council _____ District _____

EXPIRATION DATE OF UNIT _____

*Indicate pack, troop, team, or crew

[illegible]

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DISTRICT TRAINING EVALUATION

Figures to the left of each statement indicate a numerical value. Select one of the three statements that applies under each heading and make a mark in the column to the right corresponding to the numerical value of that statement. Draw a line connecting these marks.

	1	2	3
COMMITTEE 1. The district has no committee responsible for leadership training. 2. The district has a leadership training committee chairman. 3. The district has a leadership training committee chairman and enough people to complete the task.			
NEEDS 1. No up-to-date records are kept. 2. Some records are kept. 3. Up-to-date, complete records are kept showing who needs training and what kind.			
GOALS 1. No goals have been set. 2. Realistic goals have been established for the percent of trained leaders. 3. Quarterly goals have been achieved.			
PLANS 1. There is no real planning. 2. Planning is based on interest shown by Scouters. 3. A complete plan is scheduled a year ahead to meet training needs and goals, including provision for personal coaching.			
TRAINERS 1. There are no trainers or instructors. 2. Trainer pool is small. 3. Trainer pool is adequate, completely developed, and active in both group training and personal coaching.			
PROMOTION 1. There is little promotion of any kind. 2. Promotion is inadequate to get the task done. 3. Promotion is well-planned, timed, and effective.			
FOLLOW-THROUGH 1. No follow-through is made to complete learning sessions missed. 2. Occasional make-up opportunities are scheduled. 3. Leadership training plans provide for effective make-up opportunities, including personal coaching.			
RECOGNITION 1. Recognition is given by mail. 2. Recognition is given only at a learning event. 3. Recognition is prompt and given impressively at several appropriate district occasions.			



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WORK SCHEDULE GUIDE FOR GROUP TRAINING

District or organization _____ Location _____

Subject _____ Location _____

ACTION TO BE TAKEN	MIN. DAYS PRIOR	MONTH & DAY	ASSIGNED TO	CHECK WHEN COMPLETED
Determine who needs training	90			
List prospects' names	90			
Assign instructors	80			
Conduct instructor training	60			
Arrange meeting place	45			
Start promotion	45			
Order supplies	45			
Publicize (bulletins, news, etc.)	30			
Organize group for personal contact	30			
Promote at district meetings	30			
Promote at roundtables	30			
Review agenda with course director	25			
Check instructor preparation	21			
Send last-minute reminder notices	15			
Complete personal contacts	14			
Make final check—arrangements, equipment, exhibits	10			
Make final check—who's coming	7			
Final promotion	5			
Conduct training	0			
Publicize names (participants and staff)	+1			
Follow-up for personal coaching for those who missed				



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TRAINING EVENT BUDGET WORKSHEET AND REPORT

District _____

Council _____

Training Course Title: _____ Date(s) of Training Course _____

INCOME

			ESTIMATE	ACTUAL
Participant fee	1. _____ Scouts	@ \$ _____	\$ _____	\$ _____
	2. _____ Scouters	@ \$ _____	\$ _____	\$ _____
	3. _____ Others	@ \$ _____	\$ _____	\$ _____

OTHER INCOME

4. Refreshments	_____	_____
5. Donations	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
TOTAL INCOME	\$ _____	\$ _____

EXPENSE

9. Materials	_____	_____
10. Equipment rental	_____	_____
11. Building use fees	_____	_____
12. Refreshments	_____	_____
13. Recognitions	_____	_____
14. Food service	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____
19. _____	_____	_____
20. _____	_____	_____
21. _____	_____	_____
22. _____	_____	_____
23. Contingency	_____	_____
24. _____	_____	_____
TOTAL EXPENSE	\$ _____	\$ _____

SURPLUS (DEFICIT)	\$ _____	\$ _____	\$ _____
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Signed _____ Preparer Approved _____ Scout executive

Prepare three copies with Estimate columns filled in, before any expenditures are made. Send one copy to Scout executive for approval, one copy to event director or training committee, and one copy to your files. Prepare three copies with Actual column filled in, as soon as possible after event and no later than 30 days following activity.



The council training committee and council registrar should be notified as soon as a unit leader has completed Fast Start or position-specific training. The sample reports below will help update the unit's "top leader" trained status or Fast Start completion.

(TO: Council Training Committee and Council Registrar)

TRAINING STATUS CHANGE

_____ Council _____ District

The leaders listed below have completed position-specific training for their positions. Please change their status to "TRAINED."

UNIT	LEADER NAME	POSITION	UNIT	LEADER NAME	POSITION

Signed: _____ Position: _____ Date: _____

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FAST START COMPLETION REPORT

To the Training Committee:

The Scouter named below has completed Fast Start training for his or her position. Please post this to the training records.

Leader's name _____

Pack, Troop, Team, Crew (circle one) No. _____

District _____ Date completed _____

Office use only

Date posted

Fast Start Scouter

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TRAINING STATUS OF TOP LEADERS

Council

District

[illegible]

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DISTRICT SUMMARY OF TRAINED LEADERS

INSTRUCTIONS: Make entries in pencil and erase when status changes. Use more than one page if necessary, or one page for packs, one for troops, one for teams, and one for crews.

DISTRICT _____

TYPE OF UNIT AND NUMBER	TOTAL REGISTERED LEADERS AND ASSISTANTS	CUBMASTERS	ASSISTANT CUBMASTERS	CUB SCOUT DEN LEADERS	TIGER CUB DEN LEADERS	WEBELOS DEN LEADERS	SCOUTMASTERS	ASSISTANT SCOUTMASTERS	Varsity Scout COACHES	ASSISTANT COACHES	ADVISORS	ASSOCIATE ADVISORS	UNIT COMMITTEE MEMBERS
Subtotal or TOTAL													



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TRAINING ATTENDANCE REPORT

Name of training course _____

Location _____
(Name of chartered organization if new or reorganized unit)

Course dates _____ District _____

INSTRUCTIONS

Please print all information requested.
 Be sure to fill in the titles of the training sessions and check attendance.
 Send original report to the council service center promptly.

NAME (PLEASE PRINT)	POSITION	UNIT TYPE AND NO.	ADDRESS	EMAIL	PHONE NO.	SESSION TITLE AND DATE					DATE CERTIFICATE ISSUED
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.											
13.											
14.											
15.											
16.											

SUMMARY

Total attendance _____
 Number of participants _____
 Total completing course _____

FOR COUNCIL OR DISTRICT USE

Date received _____
Posted to unit inventory _____
Posted to district summary _____

INSTRUCTORS OR COACHES



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