



Early Bird BOA Feedback Form

CADET NAME: _____

CAMP: BASS COAST NTBB RANCH RPBB STBOB STBUB WTFL STRB

YEAR: _____ **# OF ACTIVITIES:** _____ **TYPE OF BOA:** DIGITAL HARD COPY

FEEDBACK	Great!	Average	Improve	Suggestions
Cover <ul style="list-style-type: none"> ▪ Proper camp name & year ▪ Cadet name ▪ Position applying for 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Index <ul style="list-style-type: none"> ▪ Sections A – E divided or tabbed ▪ Ordered chronologically 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Activity Report Forms <ul style="list-style-type: none"> ▪ Complete & accurate ▪ Properly categorized ▪ Informative description ▪ Quality photos or supplementary material ▪ Appropriate verifier & contact info 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Overall Neatness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Overall Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ADDITIONAL COMMENTS
