

LIGHT OF CHRIST

Cub Scout Religious Emblem Evaluation Form (Parent)

The Religious Emblems Committee of the National Catholic Committee on Scouting, to enable them to constantly monitor the effectiveness and viability of the Light of Christ and the Parvuli Dei Religious Emblems Programs, developed this form. The information you provide will be of great help in achieving this purpose. Please print your answers. Forward the completed form to:

NCCS, Pack Evaluation Form, 1325 Walnut Hill Lane, P.O. Box 152079, Irving, Texas 75015-2079.

1. What was your son's age and grade? _____

2. How many sessions were needed to complete the program? _____

3. How long did these sessions last? _____

4. How long did it require to complete the program? _____

5. Did your Pack have a Pack Religious Emblems Coordinator to assist you? _____

6. How many times have you done this program before? _____

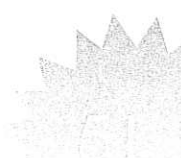
7. Describe your religious educational background. _____

8. What level of religious education has your son received (e.g.: CCD, parochial school, none, etc.):

PROGRAM INFORMATION: Please answer all questions that apply to the program that you conducted, according to the following scale:

1 - Excellent 2 - Good 3 - Acceptable 4 - Needs Improving 5 - Poor

- ____ 1. How would you rate the format of the Religious Emblems Program booklet?
- ____ 2. How would you rate the program with regard to how your son enjoyed completing the requirements?
- ____ 3. How would you evaluate the overall content of the program?
- ____ 4. How would you rate the introduction in specifying the requirements, procedure, and purpose of the program?
- ____ 5. Evaluate the program in relation to the ease you had in presenting the program to your son?
- ____ 6. Describe the age appropriateness of the program, knowing that the Light of Christ is designed for 1st grade boys and the Parvuli Dei is designed for 4th grade boys.
- ____ 7. How would you rate the training you received in helping you?



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Please answer the following with as much information as possible. Use additional paper, if necessary.

1. Did your son have any difficulty in completing a section? If so, which section proved the most difficult?

2. Which part did your son enjoy the most in completing?

3. Did you have any trouble in presenting the program to your son(s)? If so, when during the program?

4. From your experience, what could be done to improve the program?

Name: _____

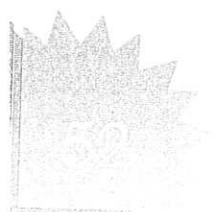
Address: _____

City: _____ State: _____ Zip: _____

Diocese: _____ Council: _____ Pack: _____

Home Phone: _____ Office Phone: _____

E-Mail: _____ Cell _____



Light of Christ Emblem Application

(To be filled out by a parent/guardian) Please print.

Last name _____ First name _____

Address _____

City _____ State _____ Zip code _____

Telephone No. _____ Age _____ Grade _____

Diocese _____ Name of parish church _____

Pack No. _____ Pack chartered organization _____

City _____ State _____ Council _____

Certification

I hereby apply for the Light of Christ emblem. I have completed all of the requirements to the best of my ability.

Cub Scout signature Date

Attested by

Parent/guardian

Religious Emblems Coordinator/Tiger Cub or Den Leader

Qualification: The above-named Cub Scout is registered with the Boy Scouts of America and is either a Tiger Cub or Wolf Cub Scout.

Cubmaster

Pastoral Approval

I certify that this Scout has appeared before me with his *Light of Christ Activity Book*. He has met all the conditions required by the program. I therefore approve him for the Light of Christ emblem and will arrange a suitable parish ceremony for the presentation.

Pastor or Parish Administrator (or delegate)

Diocesan Record

Date application/fee received _____ Date recorded _____

Date emblem mailed _____ Date presented _____

Diocesan Scout Chaplain approval _____