**COURSE EVALUATION**

**Visit Leader Name: Click here to enter text. School/Organisation: Click here to enter text. School County:Click here to enter text.**

**Course Dates: From Click here to enter a date. To Click here to enter a date. Centre Visited: Choose a Centre**

We would appreciate your cooperation in the completion of this evaluation sheet, which will assist us in our future planning and enable us to respond to any problems you may have encountered. We welcome any comments so please feel free to be open.

**5 = Very Good 4= Good 3= Satisfactory 2= Poor 1= Very poor**

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| --- | --- | --- | --- | --- | --- |
|  | Score | Comments |  | Score  | Comments |
| Administration1. Booking Procedure
2. Pre-Course Liaison
3. Helpfulness of admin. staff
 | a) Scoreb) Scorec)Score | Click here to enter text. | Accommodation1. Dormitories
2. Staff bedrooms
3. Staff room facilities
4. Showers/Toilets
5. Drying Room
6. Games/recreation area
7. Other (please specify)
 | a)Scoreb)Scorec)Scored)Scoree)Scoref)Scoreg)Score | Click here to enter text. |
| Resources1. Outdoor Activity Equipment
2. Classroom facilities
3. ICT/Cameras
4. Minibuses
 | a)Scoreb)Scorec)Scored)Score | Click here to enter text. | Daytime Activities1. How well did the activities provided meet your aims?
2. Which activities did you feel were particularly successful?
3. Was any activity disappointing? Please say why.
 | a)Scoreb)Scorec)Score | Click here to enter text. |
| Domestic1. Cleanliness of Centre
2. Food
* Breakfast
* Lunch
* Evening Meal
1. Helpfulness of domestic staff
 | a)Scoreb)Scorec)Score | Click here to enter text. | Evening Arrangements1. Activities run by centre staff
2. Other resources available for your staff
3. Were overnight emergency arrangements explained clearly?
 | a)Scoreb)Scorec)Score | Click here to enter text. |

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| --- | --- | --- | --- | --- | --- |
| **Instructor’s Name:**1. Quality of teaching/instruction
2. Was the level of challenge appropriate for your group?
3. Were safety issues explained clearly?
4. General helpfulness
 | a)Scoreb)Scorec)Scored)Score | Click here to enter text. | **Instructor’s Name:**1. Quality of teaching/instruction
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 | a)Scoreb)Scorec)Scored)Score | Click here to enter text. |
| OverallHow would you best sum up your course? | Score | Click here to enter text. |
| Comments/SuggestionsPlease feel free to make any other suggestions for improvements to your course.Click here to enter text. |
| If you visited us last year, please could you tell us about any impact the course has had on your pupils. Click here to enter text. |