

BERKSHIRE OUTDOOR EDUCATION TRUST LTD

EVALUATION FORM FOR RESIDENTIAL VISITS

Evaluation of the visit to be completed by the group leader after the visit has taken place.

School/Group:								
Group Leader:								
Number in Group:	Boys:		Girls:		Staff:		Total:	
Pupil Age Range:								
Date(s) of Visit:								
Name of Centre & Location:								

Please rate and comment on the following features

	Rating out of 10	Comment
1. The centre's pre-visit organisation and information:		
2. Travel arrangements:		
3. Content of programme:		
4. Quality of instruction:		
5. Equipment:		

	Rating out of 10	Comment
6. Suitability of environment:		
7. Quality of accommodation:		
8. Quality of Food:		
9. Evening activities:		
10. Would you go back to the centre? <i>If NO, please give reasons:</i>	YES / NO	
11. Would you recommend the centre to others? <i>If NO, please give reasons:</i>	YES / NO	
12. Any other feedback?		

Signed: _____

Date: _____

Thank you for completing the evaluation.

Please return the completed form to Sandy Reid, 9 Gatekeepers Way, Watton at Stone, Hertford, SG14 3QB or Email to reidsandy@btinternet.com as soon after the visit as possible.