

# Evaluation of a visit

Study support group:	
Group leader:	
Number in group:	Boys:          Girls:          Supervisors:
Date(s) of visit:	
Purpose(s) of visit:	
Venue:	
Commercial organisation:	

**Please comment on the following features:**

	Rating out of 10	Comment
1 The Centre's pre-visit organisation:		
2 Travel arrangements:		
3 Content of education programme provided:		
4 Instruction:		
5 Equipment:		
6 Suitability of environment:		

	Rating out of 10	Comment
7 Accommodation:		
8 Food:		
9 Evening activities:		
10 Courier/representative:		
11 Other comments and evaluation including 'close calls' not involving injury or damage:		

Signed: .....	Position: .....
Group leader's full name (print): .....	Date: .....