**School**

**Post Visit Evaluation**

Name of event: **Battlefields Visit** Participating Group (S): Date of event:

Venue(s) **France and Belgium**

Name of Party Leader: DHM:

Name(S) of Staff: other adults with responsibility:

|  |
| --- |
| **Evaluation / Review Form** |
| **Self Evaluation Questions** | **Comments** | **Learning points and actions****for next time** |
| **Aims and objectives** –* Were the learning outcomes met?
* How successful were the programmed

Activities?* Was it fun?
 |  |  |
| **Feedback*** Will there be feedback to parents?
* Will there be feedback to Governors?
 |  |  |
| **Pre Event*** Were all the forms collected on time?
* Was all the money collected?
* Was everybody involved briefed?
* Safeguarding/CRBs/ratios/telephone tree etc.
* Risk assessment
* Equipment/music (check list)
 |  |  |
| **During the Event*** Was there an ongoing risk assessment?
* Are all medical forms available?
* Was first aid available – was it needed?
* Accident reporting required?
* Did the venue present any challenges

you hadn’t planned for?* Was downtime handled effectively?
* Were there any near misses?
* Were there any behavioural issues?
 |  |  |
| * **Post Event**
* Did everyone get back safely?
* Were any equipment or belongings left

behind?* Has the event finances been

audited/signed off?* Is there another event planned?
 |  |  |
| * What went particularly well?(if not covered
* above)
 |  |  |

**Tour Leader signature DHM Signature**

**Headteacher Signature Date of completion\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**