**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**