

APPENDIX 11

Excursion Evaluation

to be completed by the group leader within 14 days of return

School/Youth group			
Group Leader			
Number in group	Boys	Girls	Supervisors
Date of visit	From:	to:	
Purpose of visit			
Venue			
Commercial Organisation			

Please comment on the following features

1	Pre-visit organisation
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2	Travel arrangements
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3	Content of education programme/instruction provided
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4	Equipment
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5	Accommodation/food
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6	Evening activities
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7	Courier/representative
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8	Other comments
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Signed _____ Date _____

Group leader's name _____