

WELLS FIELD STUDY CENTRE

Residential Course Evaluation Sheet

Name of group.....

Group Leader.....

No. of Students..... Date(s) of Visit.....

Please help us to monitor and improve our services to you by commenting upon and grading the adequacy of the facilities and services at Wells.

GRADES 1=Very Poor 2=Poor 3=Satisfactory 4=Good 5=Very Good

| BEFORE YOUR COURSE | COMMENT | GRADE |
|------------------------|---------|-------|
| Booking Procedures | | |
| Pre-course Information | | |
| Course Planning | | |

| DURING YOUR COURSE | COMMENT | GRADE |
|---|---------|-------|
| Catering Arrangements | | |
| School Meals – Quality | | |
| School Meals – Quantity | | |
| Food supplies / meals purchased locally | | |
| Accommodation | | |
| Domestic quality / cleanliness | | |
| Educational facilities / equipment | | |
| Course Programme | | |
| Effectiveness of teaching methods | | |
| Appropriateness of course content | | |
| Standard of work achieved by children | | |

| COURSE PROGRAMME CONTENT | GRADE | CONTENT | GRADE |
|--------------------------|-------|---|-------|
| Mon am | | pm | |
| Tues am | | pm | |
| Wed am | | pm | |
| Thur am | | pm | |
| Fri am | | Please refer to course timetable to complete programme boxes. | |

