

Woodlands Adventure & Outdoor Learning Evaluation

Residential - Day Visit - 1/2 day - Birthday Party – Camping






Please complete this form and return to the office after your visit. These forms and the information on them are used to help us obtain charitable grants towards new equipment

Name of Group: _____

Date of Visit: _____







Where Did You Hear About Us: _____?

	4-6	7-10	11-15	16-18	Over 18
Female					
Male					

	LOVE 	LIKE 	OK 	DISLIKE 	WOULDN'T DO 
Accommodation					
Camp Site					
Assault Course					
Zip Wire					
Archery					
Canoeing/Kayaking					
Climbing/Abseiling					
High Ropes					
Raft Building					
Vines & Bridges					
Orienteering					
Geo Cache					
Shelter Building					
Tomahawk					

Favourite Activity: _____

Disliked Activity: _____

Were The Staff	Polite	Helpful	Understanding	Enthusiastic	Supportive	Professional
						
						
						
Did The Staff	Introduce Themselves	Give Clear Instructions	Give a Safety Talk	Give De-Briefs		
						
						
						

Health and Safety talk given and all Medical/Behavioural information documented

Group Leader Signed

Woodlands Signed

Comments

Suggestions

Can We Use This Form For Our Website?