

## POST VISIT REVIEW AND EVALUATION FORM

This form can be completed by the Overall Group Leader after the visit, and then filed in the school/establishment's central records. Details of significant incidents or issues of concern should be brought to the attention of all relevant managers and to the LA Educational Visits Officer and/or Safety Services team.

Name of School/Establishment/ Youth Group:	
Visit destination:	
Objective(s) of Visit:	
Date(s) of Visit:	
Name of Overall Group Leader:	
Number in Group	Boys:      Girls:      Supervisors:
Name of accommodation used (if applicable):	
Names of any venues/activities/ service providers used:	

Please comment on the following issues, if relevant:

Item	Score (1 to 10)	Comment
1. Pre-visit organisation, planning (e.g. were forms correctly completed and submitted for approval in time?)		
2. Young people/group members (e.g. any inclusion or behaviour issues?)		
3. Leadership, staffing and supervision (e.g. were staffing levels appropriate?)		
4. Visit objectives (e.g. were the objectives realised?)		
5. Standard and suitability of accommodation (e.g. comfort of beds, cleanliness, food, evening activities, value for money)		

6. Adventure Activities (e.g. quality of safety management, instruction, equipment)		
7. Risk Management (e.g. were risks reasonably assessed, recorded, and managed effectively?)		
8. Venues visited (e.g. quality/safety/suitability of services)		
9. Insurance/Finance (e.g. was insurance cover suitable and sufficient, any problems collecting money?)		
10. Travel and transport arrangements (e.g. standard and suitability of coach/ minibus)		
11. Overseas visit arrangements (e.g. support from tour operator, suitability of exchange hosts)		
12. Communication with parents and group members (e.g. were parents and group fully informed? medical and contact details correct? )		
13. Staff briefing and emergency procedures (e.g. staff awareness)		
14. Value for money		
15. Accidents, incidents and "near misses" (e.g. any significant incidents/ near misses? how well did staff deal with incidents? what lessons can be learned?)		

Overall Group Leader (name): \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_