

Evaluation Form

Excellent Above Average Average Below Average Unsatisfactory

Programme Title: _____

Your Name: _____

Name of School or Organisation _____

Brief outline of the Programme _____

Programme Hours	
Numbers Attending	

Please complete this report and return to:

The Schools' Co-ordinator
Central Plateau REAP
PO Box 1000
TAUPO

What were the positive and / or negative outcomes of this programme for participants? _____

Any other comments regarding this programme? _____

Date: _____ Signature _____