|  |  |
| --- | --- |
| Name and location of visit: |  |
| Date(s) & times: |  |
| Learning Outcomes: |  |
|  |
| Name of Visit Leader: |  |

**Score the aspects of the course itemised in the matrix below on the following scale:**

**4** Very good

**3** Good

**2** Requires some improvement

**1** Poor, requiring major revision

|  |  |  |
| --- | --- | --- |
| **Aspect of course** | **Score** | **Comment** |
| Suitability of venue |  |  |
| Provider input met expectations |  |  |
| Visit support materials met requirements |  |  |
| Learning Outcomes were achieved? |  |  |

|  |  |
| --- | --- |
| Lessons learned that require cascading |  |
| How many PP/SEND students were there? How could this be improved? |  |
| Does the Risk Assessment require modification? |  |
| Did the visit identify any staff training needs? |  |
| Is the visit worth repeating? |  |