

# How did we do? Tell us what you think! - Student Feedback!

Name: .....

Age: .....

School or Youth Club/Group: .....

✓ Please tick the box that tells us how you feel or what you thought - thank you.

	☺ 5	4	☹ 3	2	☹ 1
◇ How much did you enjoy your stay?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◇ We have to serve healthy food, how much did you enjoy it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◇ How much did you enjoy lunch?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◇ Was the common room and tuck shop OK?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◇ How were the bedrooms and showers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◇ How was the outdoor equipment we gave you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◇ Were the instructors good at getting you to do lots?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◇ Did the instructors teach you lots?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◇ Did they boost your confidence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◇ Did you learn about working in a team?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◇ Did you learn about responsibility for you and your team mates?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◇ Would you like to do a whole day of one activity or two activities, half a day each?					<input type="checkbox"/> Whole day <input type="checkbox"/> ½ Days

Best Meal? ☺	Best Activity? ☺
What could we improve?          ☹	What was the worst thing about your stay?          ☹

Thank you for letting us know, this will help us to do our best to improve - Marle Hall Team.