Activity Lead Feedback Form

Activity:

Date activity took place:

Location of the activity:

1. **Rate the success of the activity** (1: not successful; 5: very successful)

   1 2 3 4 5

2. **How easy was the activity to deliver** (1: not at all; 5: very easy)

   1 2 3 4 5

3. **Rate the level of engagement during the activity** (1: not at all; 5: very engaging)

   1 2 3 4 5

4. **Describe what worked well:**

   _____

   _____

   _____

   _____

5. **Describe what did not work well or requires improvement:**

   _____

   _____

   _____

   _____

6. **Any further comments or feedback:**

   _____

   _____

   _____

   _____

PLEASE SEND A COMPLETED COPY OF THIS FORM TO CA@CITB.CO.UK