***name of District***

***Event Title***

### *Date*

***Venue***

**FEEDBACK FORM**

*Please put completed form in tin provided. Do not put your name on the form.*

1. **Introduction**

|  |  |  |  |
| --- | --- | --- | --- |
| Excellent | Good  | Average | Poor  |
|  |  |  |  |

Length of the session

|  |  |  |
| --- | --- | --- |
| Too short | About right | Too long  |
|  |  |  |

**2. Presentation of theory**

|  |  |  |  |
| --- | --- | --- | --- |
| Excellent | Good  | Average | Poor  |
|  |  |  |  |

Length of the session

|  |  |  |
| --- | --- | --- |
| Too short | About right | Too long  |
|  |  |  |

**3. Practical session in the tower**

|  |  |  |  |
| --- | --- | --- | --- |
| Excellent | Good  | Average | Poor  |
|  |  |  |  |

Length of the session

|  |  |  |
| --- | --- | --- |
| Too short | About right | Too long  |
|  |  |  |

**P.T.O**

**4. Question & answer summary**

|  |  |  |  |
| --- | --- | --- | --- |
| Excellent | Good  | Average | Poor  |
|  |  |  |  |

Length of the session

|  |  |  |
| --- | --- | --- |
| Too short | About right | Too long  |
|  |  |  |

**5 Overall satisfaction**

|  |
| --- |
| *Excellent Poor*  |
| **10** | **9** | **8** | **7** | **6** | **5** | **4** | **3** | **2** | **1** |
|  |  |  |  |  |  |  |  |  |  |

 Comments/suggestions………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….