Volunteer Feedback Form – Educational Visit (Quick Return)

Trip Date: _____ Venue: _____ Year Group: _____

Name (optional): _____

1. Overall Experience

☐ Excellent ☐ Good ☐ Satisfactory ☐ Requires Improvement

2. Organisation & Communication

Were arrangements and expectations clear?

☐ Yes ☐ Mostly ☐ No

3. Safeguarding & Supervision

Did you feel pupils were safe and appropriately supervised?

☐ Yes ☐ Mostly ☐ No

Safeguarding observations (if any):

_____

_____

4. Behaviour

How would you describe pupil behaviour overall?

☐ Excellent ☐ Good ☐ Satisfactory ☐ Requires Improvement

Comments (if needed):

_____

5. What Worked Well?

_____

_____

6. What Could We Improve?

_____

_____

7. Future Volunteering

Would you volunteer again?

☐ Yes ☐ Maybe ☐ No

Thank you for supporting Lainesmead Primary School & Nursery.

Please return this form to the school office before leaving.