

FAR NORTH REAP SPECIALIST TUTOR PROGRAMME EVALUATION FORM

Please refer to original application in completing this form.
(Please attach extra pages for further comment)

Programme Title: _____

Name of Organisation/School/Group: _____

Name of the Programme Tutor: _____

No. of children / adult participants: _____

What were the aims of the programme:

What did the tutor do? _____

What were the outcomes for the participants?

Please complete this
evaluation and return to:
Far North REAP
P O Box 200
Kaitaia
Fax: 09 408 1382

How effective was the tutors planning and delivery in achieving the aims of the programme?

Any other comments regarding this programme or the tutor?

Name and signature of EC Educator/Teacher _____

(not the tutor)

_____ Date: _____