



CANTERBURY cathedral

Schools' Department

EVALUATION OF SECONDARY SCHOOL VISIT

We would appreciate you taking the time to fill in this form and return it to us to help us assess and improve the service we give to schools

Name of School:

Teacher in Charge:

Year Group:Date of visit:

🚦 Did the visit meet your learning objectives? Yes No

If "No" please comment.....

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🚦 If you had a guided tour, did it address the focus of your visit?
Yes No

If "No" please comment:.....

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🚦 Was the tour suitable for the age/ability of the pupils? Yes No

If "No" please comment:.....

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🚦 Please give the name of your guide(s) if known

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🚦 Would you book again? Yes No

If "No" please comment:.....

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For Schools Department Use Only:

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