**GROUP ORGANISER’S END OF COURSE QUESTIONNAIRE**



**GROUP NAME**: …………………………………………………………………………

**STUDENT’S NAME:** ………………………………………………………………………………….

The above student attended a Wheels’ course during the academic year 2017-18.

In order to evaluate the effectiveness of our courses and enable us to report back to our funders, please complete the following questions by highlighting/circling your answer.

**Was there an improvement in the student’s:**

1. Behaviour Yes No
2. Attitude Yes No
3. Attendance Yes No

**Did this student:**

1. Go on to an early college placement? Yes No
2. Go on to FE? Yes No
3. Leave school for a job? Yes No
4. Continue at school? Yes No
5. Other? Yes No

If Other, please give details: ………………………………………………………………

**Please give us some written feedback on the impact our Wheels’ course has had on this student.**

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Thank you.



**David Glossop**

**General Manager**

***The Wheels Project Ltd, 31-32 Bonville Road, Brislington, Bristol BS4 5QH***

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*Junior wheels/all forms/course forms/group organisers final questionnaire*