Our School

EOTC Event Review

Event Name	Event Date
Person in Charge	EOTC Coordinator
Have all Incident Reports been completed & submitted? ○ **Yes** ○ **Not applicable for this event**	Have all behavioural incident reports been completed & submitted? ○ **Yes** ○ **Not applicable for this event**

Learning Objectives

How was the intended learning met for this event?

Success of Individual Components

1. Pre-activity organisation	Success Rating (1=low 5=high) **Low** ○**1** ○**2** ○**3** ○**4** ○**5** **High**
Comment	
2. Programme suitability	Success Rating ○**1** ○**2** ○**3** ○**4** ○**5**
Comment	
3. Travel arrangements	Success Rating ○**1** ○**2** ○**3** ○**4** ○**5**

Comment	
4. Outside providers	Success Rating ○**1** ○**2** ○**3** ○**4** ○**5**
Comment	
5. Instruction	Success Rating ○**1** ○**2** ○**3** ○**4** ○**5**
Comment	
6. Equipment	Success Rating ○**1** ○**2** ○**3** ○**4** ○**5**
Comment	
7. Suitability of venue	Success Rating ○**1** ○**2** ○**3** ○**4** ○**5**
Comment	
8. Accommodation	Success Rating ○**1** ○**2** ○**3** ○**4** ○**5**
Comment	
9. Food	Success Rating ○**1** ○**2** ○**3** ○**4** ○**5**
Comment	
10. Ākonga with diverse needs	Success Rating ○**1** ○**2** ○**3** ○**4** ○**5**
Comment (what worked well/needed adapting/changing from any individual support plans)	
11. Other	Success Rating ○**1** ○**2** ○**3** ○**4** ○**5**

Comment

Staffing

Supervision structure
Comment
Preparation level
Comment§
Performance in roles allocated (name the person & role)
Comment

Safety Management

Risk Assessment (including any additional harms, hazards or controls that need to be added for future events)
Comment
Crisis management (who handled this & how was it handled)
Comment
Near misses
Comment
Appropriateness of Event Plan

Comment

Future Planning

What changes should be made for this event in the future?
Comment
How will these changes be implemented?
Comment
Who will be responsible for making these changes?
Comment

Signed Off as Completed

Person in Charge Name	Person in Charge Signature	Date (d/m/y)
EOTC Coordinator Name	EOTC Coordinator Name Signature	Date (d/m/y)