

**Life Ready Activity De-brief - School Form**

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| **Name** |  |
| **School name** |  |
| **Self-Assessment Date** |  |
| **When did this experience take place, for how long and which pupils/students were involved?**  |  |
| **Name of Visitor** |  |
| **What type of experience was it and a summary of activities undertaken** |  |

**To what extent do you feel the objectives set out prior to the activity have been met?**

**How did the pupils/students respond to the activity?**

**How good was the organisation of the activity?**

**Are there any further comments?**