EXTERNAL PROVIDER FEEDBACK PACK

Student feedback

Provider / organisation:		**Programme / activity:**	
Date:		**Year group / group:**	

Was the session interesting/useful?

Did you feel involved rather than just talked at?

Did anything make you think differently?

Did you feel safe taking part?

Was there anything you would change?

What should happen next?

Optional short comment:

EXTERNAL PROVIDER FEEDBACK PACK

Staff / teacher feedback

Provider / organisation:		**Programme / activity:**	
Date:		**Year group / group:**	

Was the work appropriate for the group?

Did the provider understand the setting/context?

Were young people meaningfully involved?

Did the session add something the school could not easily have done itself?

Did it connect with existing anti-bullying work?

Were safeguarding and inclusion handled appropriately?

Were useful follow-up resources/actions left behind?

What evidence of impact or engagement did you notice?

What should happen next?

Would you use/recommend this provider again?