Go!Gaelic Outreach Evaluation – Feedback Form

Name: Email: Council:

Date/s of outreach support:

Outreach support provided by:

Describe briefly the outreach support given:

How would you rate the service provided? (Please tick)

Excellent Very Good Good Fair Poor

Please add any further comments that you may have about the service provided:

How could we improve this service?

Would you use this service again?

Tapadh leibh!

Stòrlann