**Evaluation Questionnaire for E.T.B Management and/or Boards of Management where applicable – Sample**

Please complete this questionnaire in relation to the centre named below.

Centre Name:-

In your opinion what do you consider to be the major achievements of the centre in the past year?

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If you would like to make any other recommendations for improvements or comments please do so in the space provided below.

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Thank you for your assistance.

Your comments will be discussed by the staff during the annual Centre Evaluation and Improvement Planning Process.

Any/all actions that arise as a result of your recommendations will be documented, included in the Centre’s Action Plan for the coming year and implemented within a given timeframe.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Centre Co-ordinator