## **Evaluation Form**



Excellent	Above Average	Average	Below Average	Unsatisfactory
Programme Tit	le:			
Your Name:				
Name of School	ol or Organisation			
Brief outline o	f the Programme			
Programr Numbers	me Hours Attending		return to: The Schools' C Central Platea PO Box 1000 TAUPO	iu REAP
			Jocewie	ap.org.nz
• I	ncreased number of pr tandards	imary and intermedia	ng Government priorities:  ate students achieving literacy  NCEA Level 2 or an equivalen	
				<del></del>
Any other com	nments regarding this progra	amme?		
Date:		Signatu	re	