

Tamaiti Whangai EXIT FORM

1. Date: _____

2. In which Tamaiti Whangai programme (or programmes) have you have been involved:
(eg. Holiday Programme, Team Leader etc)

For the following sections, please use these ratings:	1 = Very dissatisfied (worst) 2 = Dissatisfied 3 = Indifferent (or don't know) 4 = Satisfied 5 = Very satisfied (best)
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3. Overall quality of the programme/s:

Please indicate your level of satisfaction in terms of the following things:

	Please circle your answer				
A. Opportunities to learn	1	2	3	4	5
B. Challenging work / activities	1	2	3	4	5
C. Realistic work / activity goals	1	2	3	4	5
D. Adequate supplies and equipment	1	2	3	4	5
E. Safe environment	1	2	3	4	5

4. Overall quality of supervision:

Please indicate your level of satisfaction with the supervision you received in terms of the following things:
Your supervisor

	Please circle your answer				
A. Demonstrated respect for all participants	1	2	3	4	5
B. Was available when you needed him or her	1	2	3	4	5
C. Demonstrated professionalism	1	2	3	4	5
D. Was a good role model	1	2	3	4	5
E. Communicated realistic expectations of you	1	2	3	4	5

5. Overall quality of interactions:

Please indicate your level of satisfaction regarding your interaction with others in the programme (or programmes) you attended:

	Please circle your answer				
A. Participation as a member of the team	1	2	3	4	5
B. Opportunity to share your ideas	1	2	3	4	5
C. Opportunity to receive frequent guidance	1	2	3	4	5
D. Opportunity to get feedback on your progress	1	2	3	4	5

6. Overall assessment:

	Please circle your answer				
Please indicate your general level of satisfaction regarding your overall experience with Tamaiti Whangai	1	2	3	4	5

7. Your views about Tamaiti Whangai:

Would you recommend Tamaiti Whangai and its programmes to others? (Tick one box)

Yes
No

(If you have any additional comments you would like to make, please tumble this sheet and write on the back.)

Are you happy for us to retain your personal information in our database? (Tick one box)

Yes
No

Signed: _____ Print Name: _____

Thanks for completing this form. Please either give it to your Tamaiti Whangai advocate, or post it to Tamaiti Whangai, PO Box 36-111, Moera, Lower Hutt. Kia ora.