

Post-Tour Guides' Report

- Please be as specific as possible with your answers.
- All multiple choice and the descriptions marked with * MUST be completed.
- Qualifications as Good and Unsatisfactory MUST be described.

Please note: *The payment for your services won't be processed until this completed report and clients' evaluations have been received by Operations via online, print or pdf.*

First Name

Last Name

Tour Number

Tour Reference

Tour Start Date

Tour End Date

1. How would you **rate the tour overall**?

Excellent:	<input type="checkbox"/>	Very Good:	<input type="checkbox"/>	Good:	<input type="checkbox"/>	Unsatisfactory:	<input type="checkbox"/>
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Please explain why: *

2. Was there **any inconvenience, complaint, problem or emergency** during the tour, which was or was not immediately reported to Operations?

Please describe:*

3. How would you **rate the hotels** overall? (Suitability for our tour, location, client enjoyment, meals, front desk, bellboys and housekeeping services, etc.)

Excellent:	<input type="checkbox"/>	Very Good:	<input type="checkbox"/>	Good:	<input type="checkbox"/>	Unsatisfactory:	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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Name and describe –if any- special observations: (Suggest potential alternatives if possible).

4. How would you **rate the transportation** overall? (Comfort level, driver's tourism related skills, vehicle safety and standards – cleanliness, microphone, air conditioning, noises control-, etc.)

Excellent:	<input type="checkbox"/>	Very Good:	<input type="checkbox"/>	Good:	<input type="checkbox"/>	Unsatisfactory:	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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Name your driver, transportation company and vehicle type.*

Describe –if any- special observations: (Suggest potential alternatives if possible).

5. How would you **rate the meals** overall? (Service, cleanliness, budget appropriate, etc.)

Excellent:	<input type="checkbox"/>	Very Good:	<input type="checkbox"/>	Good:	<input type="checkbox"/>	Unsatisfactory:	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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Name and describe –if any- special observations: (Suggest potential alternatives if possible).

6. How would you **rate the local/ naturalist /specialized guides** overall? (ability to work together with you and local knowledge)

Excellent:	<input type="checkbox"/>	Very Good:	<input type="checkbox"/>	Good:	<input type="checkbox"/>	Unsatisfactory:	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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Identify with names and area of work*

Describe –if any- special observations: (Suggest potential alternatives if possible).

7. How would you **rate the itinerary** overall?

Excellent:	<input type="checkbox"/>	Very Good:	<input type="checkbox"/>	Good:	<input type="checkbox"/>	Unsatisfactory:	<input type="checkbox"/>
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Are there any excursions or visits that should be eliminated or improved?

Describe –if any- special observations: (Suggest potential alternatives if possible).

8. How would you **rate the clients** overall? (any problems, complaints, remarks, that we should be aware of)

Excellent:	<input type="checkbox"/>	Very Good:	<input type="checkbox"/>	Good:	<input type="checkbox"/>	Unsatisfactory:	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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Describe –if any- special observations:

9. Can you suggest any changes / additions to **pre-departure info** and **written itinerary**?

Describe –if any- special observations

10. Tour costing - **have any costs changed**?

Please be specific about which costs need updating.

11. How would you **rate your relationship with SLT Operations**? (Have they offered complete, correct and clear information and instructions, available and responsive when needed, correct attitude, etc.)

Excellent:	<input type="checkbox"/>	Very Good:	<input type="checkbox"/>	Good:	<input type="checkbox"/>	Unsatisfactory:	<input type="checkbox"/>
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Describe –if any- special observations:

12. Can you provide any **other relevant information**?

Please send an email to: sales@sltecuador.com

OPERATIONS' GUIDE'S REPORT

Please keep in mind that any Good or Unsatisfactory qualification **MUST** be described. If this report is printed or .pdf, please send complete copy to sales@sltecuador.com.

Operations Responsible Name:

13. How would you **rate this guide's** relationship with SLT Operations **before this tour started?**
 (Have they been attentive and responsive to requests and instructions, have they had a cooperative attitude with pre-operation procedures, have they checked and compared the given information with you before the operation started, etc.)

Excellent:		Very Good:		Good:		Unsatisfactory:	
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Describe –if any- special observations:

14. How would you **rate this guide's** relationship with SLT Operations **during the development of this tour?**
 (Have they been having the expected professional attitude, constantly reporting the situation of the service, have they been as reachable as possible for Operations, have they being cooperative, solved minor issues and have had a creative approach to situations, striving for passengers satisfaction, etc.)

Excellent:		Very Good:		Good:		Unsatisfactory:	
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Describe –if any- special observations:

15. How would you **rate this guide relationship with SLT Operations after the tour** was finished?
 (Have they offered complete, correct and clear information and documentation generated by the tour – invoices, receipts, reports, clients evaluation forms, etc.-, have they used the operator's resources correctly, respected the services payment policies, correct attitude, etc.)

Excellent:		Very Good:		Good:		Unsatisfactory:	
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Describe –if any- special observations: