

The Tots Box – Tester Feedback Form

Thank you for taking part in testing The Tots Box.

Your insights help us refine the tool to better support children with routines, transitions and separation.

If you need more space please use extra paper, referencing the question number

1. Tester Details

Name:

Role: Parent Practitioner Therapist Teacher Other

Setting: Home Clinic School Nursery Other

2. Child Profile (if applicable)

Age of child:

Does the child experience separation anxiety or transition difficulties?

Yes Sometimes No

Neurodivergence (if relevant):

Autism

ADHD

Sensory processing differences

Anxiety

Prefer not to say

Other:

3. Usage

How often was The Tots Box used?

Daily

Several times a week

Occasionally

Only tried once

In which situations was it used?

School drop-off Work

separations

Appointments

Visiting others Activities /

clubs Other:

4. Child Response

Before using The Tots Box, how did the child typically respond to separation?

After using The Tots Box, did you notice changes?

- Reduced distress
- More questions instead of crying
- Improved understanding
- No noticeable change
- Other:

How did the child interact with the Tots?

- Engaged independently
- Needed adult prompting
- Avoided
- Mixed

5. Emotional Impact

Did The Tots Box appear to help the child:

Area	Not at all	A little	Moderate	Significant
Understand where someone was going	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel reassured about return	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tolerate transitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask questions instead of becoming distressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Practical Use

Was the system easy to understand?

Very easy Easy Neutral Difficult

Were the colour categories clear?

Very clear Mostly clear Confusing

Did the tool fit naturally into routines?

Yes Somewhat No

Anything to add?

7. Professional Perspective (for practitioners)

Did you observe changes in:

Emotional regulation?

Transition tolerance?

Verbal processing of separation?

Would you consider this tool supportive within your setting?

Yes Possibly No

8. Strengths

What worked particularly well?

9. Improvements

What could be improved?

10. Overall Rating

How helpful was The Tots Box overall?

- ★ 1 – Not helpful
- ★ 2 – Slightly helpful
- ★ 3 – Moderately helpful
- ★ 4 – Very helpful
- ★ 5 – Extremely helpful

11. Permission

I give permission for quotes from my feedback to be used in research or marketing materials.

12. Do You Have Anything Extra To Add?