

# Child or Young Person Feedback



Only tell us if you want to!

Your Name:

Workers Name:

We want to know what you think!

1) Did we help you feel prepared to come and spend time with us?

Scale 10 (very prepared) – 0 (not prepared)



Comment: .....

2) Did you feel like we listen to you, and care what you say?

Scale 10 (very much) – 0 (not at all)



Comment: .....

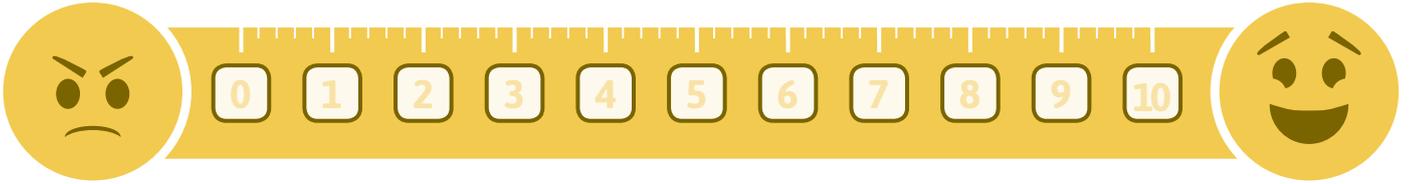
3) Did you like WHERE we spent time? Tell us where it was .....

Scale 10 (very much) – 0 (not at all)



Comment: .....

4) Do you feel better, the same or worse now?  
Scale 10 (very much) – 0 (not at all)



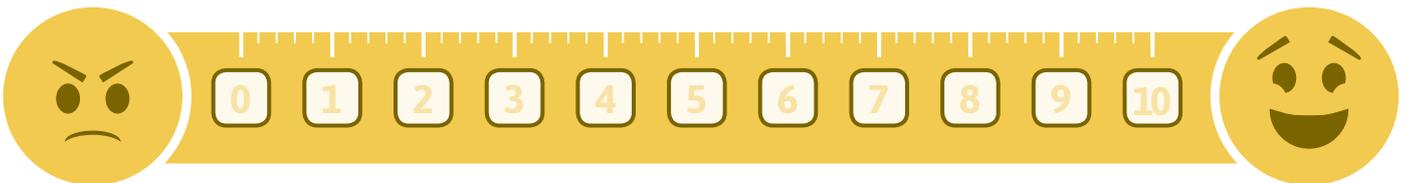
Comment: .....

5) Did you have more than one worker?      Yes       No

Who?

Anything else? .....

6) Rate us out of 10!



Thank you for your comments – we are always keen to improve our work and your feedback will help us identify what we are doing well and what we could do better.

Do you want to talk to us about your feedback?

Yes      

Please return this form to: [office@southwestfamilyservices.com](mailto:office@southwestfamilyservices.com)