**Parent-Carer Feedback Form**

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| **Today’s date** |  |
| **Child’s Name** |  |
| **Therapist’s name** |  |
| **Which clinic where you seen at?****(Mark with an ‘X’)** | Chichester |  | Cuckfield |  |
| **Please mark with an ‘X’** | Therapy review |  | End of therapy |  |

**Thank you for taking the time to give us feedback.**

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| **1. I feel that the people who saw my child listened to me** |
| **Option** | **Mark with X** | **Any Comments?** |
| **Certainly true** |  |  |
| **Partly true** |  |  |
| **Not true** |  |  |
| **Don’t know** |  |  |

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| **2. It was easy to talk to the people who have seen my child** |
| **Option** | **Mark with X** | **Any Comments?** |
| **Certainly true** |  |  |
| **Partly true** |  |  |
| **Not true** |  |  |
| **Don’t know** |  |  |

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| **3. I was treated well by the people who have seen my child**  |
| **Option** | **Mark with X** | **Any Comments?** |
| **Certainly true** |  |  |
| **Partly true** |  |  |
| **Not true** |  |  |
| **Don’t know** |  |  |

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| **4. My views and worries were taken seriously** |
| **Option** | **Mark with X** | **Any Comments?** |
| **Certainly true** |  |  |
| **Partly true** |  |  |
| **Not true** |  |  |
| **Don’t know** |  |  |

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| **5. I feel that people here know how to help with the problems I came for**  |
| **Option** | **Mark with X** | **Any Comments?** |
| **Certainly true** |  |  |
| **Partly true** |  |  |
| **Not true** |  |  |
| **Don’t know** |  |  |

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| **6. I have been given enough explanation about the help available here**  |
| **Option** | **Mark with X** | **Any Comments?** |
| **Certainly true** |  |  |
| **Partly true** |  |  |
| **Not true** |  |  |
| **Don’t know** |  |  |

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| **7.I feel that the people who have seen me are working together to help me**  |
| **Option** | **Mark with X** | **Any Comments?** |
| **Certainly true** |  |  |
| **Partly true** |  |  |
| **Not true** |  |  |
| **Don’t know** |  |  |

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| **8. The facilities are comfortable**  |
| **Option** | **Mark with X** | **Any Comments?** |
| **Certainly true** |  |  |
| **Partly true** |  |  |
| **Not true** |  |  |
| **Don’t know** |  |  |

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| **9. My appointments are usually at a convenient time**  |
| **Option** | **Mark with X** | **Any Comments?** |
| **Certainly true** |  |  |
| **Partly true** |  |  |
| **Not true** |  |  |
| **Don’t know** |  |  |

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| **10. It is quite easy to get to the place where I have my appointments**  |
| **Option** | **Mark with X** | **Any Comments?** |
| **Certainly true** |  |  |
| **Partly true** |  |  |
| **Not true** |  |  |
| **Don’t know** |  |  |

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| **11. If a friend needed this sort of help, I would recommend that they come here** |
| **Option** | **Mark with X** | **Any Comments?** |
| **Certainly true** |  |  |
| **Partly true** |  |  |
| **Not true** |  |  |
| **Don’t know** |  |  |

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| **12. Overall, the help I have received here is good**  |
| **Option** | **Mark with X** | **Any Comments?** |
| **Certainly true** |  |  |
| **Partly true** |  |  |
| **Not true** |  |  |
| **Don’t know** |  |  |

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| **13. What was really good about coming to Beacon House?** |
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| **14. Was there anything you didn’t like about coming to Beacon House?** |
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| **15. Is there anything else you would like to tell us about coming to Beacon House?**  |
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Thank you for taking the time to complete this feedback. Your answers will be shared with your therapist(s), stored on your child’s record and it will also be read by our Clinical Director. Twice a year we anonymously collate all of the feedback we receive into a report so that others can see how we are doing; and so that we can grow, develop and improve as a service.

Please mark the below box with an ‘x’ if you would like someone from the leadership team to get in touch with you about your feedback.

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