**Young People’s Feedback Form**

**(For teens aged 12 - 18 years)**

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| **Today’s date** |  |
| **Young person’s Name** |  |
| **Therapist’s name** |  |
| **Are you:*****(Please mark with an ‘X’)*** | Reviewing your therapy |  | Ending your therapy |  |
| **Were you seen at:****Please mark with an ‘X’)** | Our Cuckfield clinic |  | Our Chichester clinic |  |

**Thank you for answering these questions about the help you have had from Beacon House**

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

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| **2. It was easy to talk to the people who saw me** |
| **Option** | **Mark with X** | **Any Comments?** |
| **Icon  Description automatically generated****Certainly true** |  |  |
| **Partly true** |  |  |
| **Not true** |  |  |
| Icon  Description automatically generated**Don’t know** |  |  |

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| **3. I was treated well by the people who saw me**  |
| **Option** | **Mark with X** | **Any Comments?** |
| **Icon  Description automatically generated****Certainly true** |  |  |
| **Partly true** |  |  |
| **Not true** |  |  |
| Icon  Description automatically generated**Don’t know** |  |  |

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

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| **5. I have been given enough information about the help available here** |
| **Option** | **Mark with X** | **Any Comments?** |
| **Icon  Description automatically generated****Certainly true** |  |  |
| **Partly true** |  |  |
| **Not true** |  |  |
| Icon  Description automatically generated**Don’t know** |  |  |

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| **6. I feel that people here know how to help me** |
| **Option** | **Mark with X** | **Any Comments?** |
| **Icon  Description automatically generated****Certainly true** |  |  |
| **Partly true** |  |  |
| **Not true** |  |  |
| Icon  Description automatically generated**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?** |
| **Icon  Description automatically generated****Certainly true** |  |  |
| **Partly true** |  |  |
| **Not true** |  |  |
| Icon  Description automatically generated**Don’t know** |  |  |

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| **8. The facilities are comfortable (e.g. the waiting room and my therapy room)** |
| **Option** | **Mark with X** | **Any Comments?** |
| **Icon  Description automatically generated****Certainly true** |  |  |
| **Partly true** |  |  |
| **Not true** |  |  |
| Icon  Description automatically generated**Don’t know** |  |  |

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

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| **11. If a friend needed this sort of help, I would suggest to them come here**  |
| **Option** | **Mark with X** | **Any Comments?** |
| **Icon  Description automatically generated****Certainly true** |  |  |
| **Partly true** |  |  |
| **Not true** |  |  |
| Icon  Description automatically generated**Don’t know** |  |  |

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| **12. Overall, the help I have received here is good**  |
| **Option** | **Mark with X** | **Any Comments?** |
| **Icon  Description automatically generated****Certainly true** |  |  |
| **Partly true** |  |  |
| **Not true** |  |  |
| Icon  Description automatically generated**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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If you would like a manager here at Beacon House to get in touch with you about your feedback, please tick this box:

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| **What’s the best way for us to get in touch with you?**  |
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