**Thanks for taking the time to give us your feedback**

We would gratefully receive your feedback about Gateway Psychology. Please fill this in to the best of your ability. We will use your responses to improve and evaluate our services. Thank you!

**Today’s date:**

**Your Name:**

**Your Local Authority/Regional Adoption Agency/Organisation:**

**Your role:**

**1. How well do the services Gateway Psychology provide meet the needs of children and young people?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not at all |  |  |  | Very Well |
| 1 | 2 | 3 | 4 | 5 |
|[ ] [ ] [ ] [ ] [ ]

**2. How well do the services Gateway Psychology provide meet the needs of children and young people?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not at all |  |  |  | Very Well |
| 1 | 2 | 3 | 4 | 5 |
|[ ] [ ] [ ] [ ] [ ]

**3. How would you rate the expertise and therapeutic input of our clinicians?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Poor |  |  |  | Excellent |
| 1 | 2 | 3 | 4 | 5 |
|[ ] [ ] [ ] [ ] [ ]

**4. How positively do you view your working relationship with Gateway Psychology?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Poor |  |  |  | Excellent |
| 1 | 2 | 3 | 4 | 5 |
|[ ] [ ] [ ] [ ] [ ]

**5. How would you rate our correspondence, quotation process and administration?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Poor |  |  |  | Excellent |
| 1 | 2 | 3 | 4 | 5 |
|[ ] [ ] [ ] [ ] [ ]

**6. How would you rate our flexibility and responsiveness?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Poor |  |  |  | Excellent |
| 1 | 2 | 3 | 4 | 5 |
|[ ] [ ] [ ] [ ] [ ]

**7. Do you believe the services we provide are value for money?**

|  |  |
| --- | --- |
| Yes | No |
|[ ] [ ]

**8. Do you believe that the services we provide contribute to a positive outcome for children and young people?**

|  |  |
| --- | --- |
| Yes | No |
|[ ] [ ]

**9. Do you believe that the services we provide make a sustained difference for the children and young people we work with?**

|  |  |
| --- | --- |
| Yes | No |
|[ ] [ ]

**10. What do you think is most positive about Gateway Psychology?**

**11. What impact do you believe our services have for children, young people and families?**

**12. Are there any areas in which we could improve?**

**12. Do you have any additional feedback?**