**Parent/carer feedback form**

Hello! This is our feedback survey for parents and carers.hank you for letting us know how we are doing. Your answers can be anonymouse, and we'll use them to help improve our service.

**Your full name (if you want to share it):**

**Today’s date:**

1. **Were you made welcome to this service?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not at all |  |  |  | Very Welcome |
| 1 | 2 | 3 | 4 | 5 |
|  |  |  |  |  |

1. **How would you rate the quality of administration and case management?**

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

1. **How would you rate the facilities at Gateway Psychology (décor/accessibility/comfort/etc)?**

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

1. **How useful were the sessions with your clinician?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not at all |  |  |  | A Lot |
| 1 | 2 | 3 | 4 | 5 |
|  |  |  |  |  |

1. **Did you learn any new things about yourself, your child or your situation?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not At All |  |  |  | A Lot |
| 1 | 2 | 3 | 4 | 5 |
|  |  |  |  |  |

1. **How well did you feel listened to and supported by your therapist?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not at all |  |  |  | Very Welcome |
| 1 | 2 | 3 | 4 | 5 |
|  |  |  |  |  |

1. **Do you believe the service you received has made a sustained improvement to your situation?**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | No | Maybe | Other |
|  |  |  |  |
|  |  |  |  |

1. **What difference have sessions made to your situation?**
2. **What was positive about your time at Gateway?**
3. **Is there anything you’d like to have been different?﻿**
4. **Do you think that other children, young people and their families would benefit by coming here?**

|  |  |
| --- | --- |
| Yes | No |
|  |  |

1. **Is there anything else you would like to say?**