**Child/young person Feedback Form**

Hello! This is our feedback survey for children and young people. Please ask your grown-up to help you if you need it.

Thank you for letting us know how we are doing. Your answers can be anonymouse, and we'll use them to help us make our company better. 😊

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

**Today’s date:**

1. **Do you feel welcome when you come to see us at Gateway?**

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

1. **How helpful are the sessions with your therapist?**

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

1. **Have you learned any new things about yourself or your situation?**

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

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

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

1. **How much do you like the rooms, toys, furniture and facilities?**

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

1. **What difference does coming to Gateway make for you?**
2. **What do you like most about Gateway Psychology?**
3. **Do you wish anything was different about Gateway Psychology?**
4. **Does your carer, mum or dad have any comments to make?**
5. **Do you think that other children, young people and their families would like coming to Gateway?**

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

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