

Feedback Form

We try to provide the information, advice and support that you need. Can you help us do better?

Please take a few minutes to answer some questions for us. We really do value your feedback.

Getting in touch with us

- 1 How easy was it to get in touch with us? Not at all easy Very easy
- 0 1 2 3 4
- 2 How quickly did we respond? Very slowly Very quickly
- 0 1 2 3 4
- 3 How well do you think we Understood your questions or concerns? Not at all Very well
- 0 1 2 3 4
- 4 How did you ear about us? (Tick all that apply)
- | | | | | | |
|---|--------------------------|---|--------------------------|---------------------------------|--------------------------|
| Leaflet about the service | <input type="checkbox"/> | Another parent or friend | <input type="checkbox"/> | The internet | <input type="checkbox"/> |
| The school, early years setting or college | <input type="checkbox"/> | The Local Offer | <input type="checkbox"/> | The Local Authority's SEND Team | <input type="checkbox"/> |
| An Educational Psychologist or Advisory Teacher | <input type="checkbox"/> | A health professional | <input type="checkbox"/> | Social Services | <input type="checkbox"/> |
| None of these | <input type="checkbox"/> | (if so, please tell us how you found out about the service) | | | |

The support we offered you

5	How useful was the information, advice and support we gave you?	Not at all useful	0	1	2	3	4	Very useful
6	How impartial do you think we were?	Not at all impartial	0	1	2	3	4	Very impartial
7	How much difference do you think out information, advice or support has made for you?	No difference at all	0	1	2	3	4	A great deal of difference
8	What, if any, difference(s) have we made for you? (Please tick any that apply)							
	<i>I now have a better relationship with my child's school or setting</i>							<input type="checkbox"/>
	<i>I feel more confident</i>							<input type="checkbox"/>
	<i>I have a greater understanding of the educational process for children with SEND</i>							<input type="checkbox"/>
	<i>I feel more involved with my child's education</i>							<input type="checkbox"/>
	<i>I am happier/less worried about the future</i>							<input type="checkbox"/>
	<i>I feel my child has benefitted as a result of the service being involved</i>							<input type="checkbox"/>

Please tell us of any other difference tat your contact with our service has made.

9 Overall how satisfied are you with the service we gave? **Very satisfied** 0 1 2 3 4 **Very satisfied**

10 Was there anything we could have done better?

The future

11 Would you feel happy to contact the service again if you needed to? **Not at all happy** 0 1 2 3 4 **Very happy**

12 How likely is it that you would recommend the service to others? **Not at all likely** 0 1 2 3 4 **Extremely likely**

13 Do you have any suggestions about how we can develop and improve our services?

Thank you for your help.

If you are happy to discuss your comments about our service may we contact you?

Yes / No

If yes, please provide your details:

Name:

Tel:

Email:

Please return the completed form in the SAE provided.