**Service User Feedback – Child**

We want to find out how things have been for you.

You don’t need to give your name or address so please tell us the truth – good or bad.

**About you:**

How old are you?

1 2 3 4 5 6 7 8 9 10 11 12

*Circle your answer*

Are you a:



Girl? Boy?

*Circle your answer*

**About your worker:**

Your worker is the person who helps you and your family. They help you and talk to you about the things you need. Your worker has given you this form.

What is your worker’s name?

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**About the help that you got:**

Were you able to talk to your worker about what you needed?

YES NO

*Circle your answer*

Did you have a say in what help you wanted?

YES NO

*Circle your answer*

Since you first met your worker are things:

Better Worse The same

*Circle your answer*

*Thank you for telling us what you think. Return your form by:*

* Give it to your lead professional to return to us.
* Post to K. Reay, Early Help Co-ordinator, Children’s Access Point, Room 205 / 206, Town Hall, Feethams, Darlington, DL1 5QT
* E-mail to ChildrensAccessPoint@darlington.gcsx.gov.uk ChildrensAccessPoint@darlington.gcsx.gov.uk