

Child/Young Person Feedback Form (printable)

You can choose if you put your name on the form.

Name:

Who are you giving us feedback about?

- Social worker
- Support worker
- Independent review worker (IRO)

Please select you age range:

- 4-7
- 8-11
- 12-16
- 16+

How were you feeling before you met you worker?



Happy



Ok



Don't know



Sad



Angry

How did you feel when you got to know your worker?



Happy



Ok



Don't know



Sad



Angry

Did you feel that they listened to you?



Yes



Sometimes



No

How did they help you?



Spent time with me



Listened to me



Supported me to access activities/services



Shared my wishes and feelings

Is there anything else you would have liked from your worker?

How would you rate their help and support?



How are you feeling now after support from your worker?



Happy



Ok



Don't know



Sad



Angry

What is life like for you following support from your Social Worker?

- Much better
- Good
- No difference
- Worse

Is there anything else you would like to tell us about your worker? *You could draw a picture here.*