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| **Feedback Form – Parent & Family Network Member** |

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| **Please complete this feedback form 20 working days after the FNSP was received and return it to your Lead Professional or to the Families First for Children Pathfinder email address** [fnspapplications@lincolnshire.gov.uk](mailto:fnspapplications@lincolnshire.gov.uk) |

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| **Child Name** | **Parent Name** | **Child Address** |  |
| **Parent Name** |  | **Parent Email** |  |
| **Family Network Member (FNM) Name** |  | **FNM Email** |  |
| **Parent Phone Number** |  | **FNM Phone Number** |  |

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| **Why did your family request a family network support package?** | | | | | |
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| **What support did you receive?** | | | | | |
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| **What difference did it make to your family?** | | | | | |
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| **How did easy did you find the application process? (1 = Very difficult, 5 = Very easy)** | 1 | 2 | 3 | 4 | 5 |
| **Please provide any comments /suggestions for improvement below:** | | | | | |
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| **How much did the FNSP address the identified needs?**  **(1= Did not meet any of my needs, 5= Met all my needs)** | 1 | 2 | 3 | 4 | 5 |
| **Please provide any comments on how the FNSP influenced the child’s wellbeing:** | | | | | |
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| **Do you feel that your family network was valued, listened to and included in the planning for your family?** | | | | | |
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| **Is there anything else you’d like to tell us about receiving the Family Network Support Package?** | | | | | |
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