## FEEDBACK FROM PARENTS AND CARERS

We are hoping you can help us to know more about what we are doing well and where we might need to make changes or improvements to the Educational Psychology Service.

The questionnaire takes about 10 minutes to complete and we would be grateful if you could fill it in and return it in the stamped addressed envelope provided.

All the information received will be treated confidentially and used to inform improvements to our service. Any report produced as a result of this survey may quote some of your comments but will not identify you, your child or the school they attend.

If you have any questions about this survey or problems in completing it please contact us on	

Please indicate the extent to which you agree with the following statements (tick the relevant column):

		Strongly disagree	Disagree	Neither Agree or Disagree	Agree	Strongly agree	Not applicable
1.	I knew why the Educational Psychologist was going to be involved.						
2.	The Educational Psychologist seemed to value my views and take them into account.						
	I was able to share my views and any concerns.						
4.	I consider the Educational Psychologist provided independent advice						
5.	I was fully involved in the discussion about my child's needs and what was going to happen to address them.						
6.	Sufficient time was provided during this contact to discuss my child's needs.						
7.	The Educational Psychologist seemed knowledgeable and assisted in finding ways to help.						
8.	All of my questions and concerns were addressed.						
	The involvement provided a better insight into the situation.						
10	. Actions agreed were relevant, useful and able to be done.						

	Strongly disagree	Disagree	Neither Agree or Disagree	Agree	Strongly agree	Not applicable
11. At the end of the Educational Psychologist's involvement it was made clear who would be doing what.						
12. Things improved as a result of the Educational Psychologist's involvement.						
13. The Educational Psychologist did everything they had agreed to do.						
14. I would have liked the Educational Psychologist to have been involved sooner.						
15.I am confident that my child's needs will be met more effectively as a result of this involvement.						

Please circle the most appropriate response
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16. How satisfied were you that the Educational Psychologist made a useful contribution Very satisfied / Satisfied / Not very satisfied /	
17. What did you find the most helpful part of this contact?	

18. How might the Educational Psychologist's involvement have been improved?

19. Any other comments?

20. How can we improve this questionnaire?

21. Can you identify which (if any) questions were difficult to understand and need to be clarified?

Thank you for taking the time to complete this survey, your help is appreciated. Please return it to us by post in the envelope provided.

For office use:

Local Authority:

Type of contact: Consultation Non-statutory Statutory Post-statutory

National Curriculum Year:

Gender:

Type of need: