



## How was this meeting?

Date: / / **20**

Time:   h   m

		1	2	3	4	5
1	Did you feel listened to?	Not at all	Only a little	Somewhat	Quite a bit	Totally
2	Did you talk about what you wanted to talk about?	Not at all	Only a little	Somewhat	Quite a bit	Totally
3	Did you understand the things said in the meeting?	Not at all	Only a little	Somewhat	Quite a bit	Totally
4	Did you feel the meeting gave you ideas for what to do?	Not at all	Only a little	Somewhat	Quite a bit	Totally

Who gave this feedback (tick below):

Child/young person

Mother

Father

Professional

Other (please specify):

.....

NHS ID:

.....

Service allocated  
case ID

.....

SUM: