

Transforming Lives Parent/Carer Feedback Form**Initial Pre programme****Date:**.....

(1 being not at all, 10 being very)

How safe do you feel your child is? 1 2 3 4 5 6 7 8 9 10

How happy and content do you think they are? 1 2 3 4 5 6 7 8 9 10

How well supported do you feel your family is? 1 2 3 4 5 6 7 8 9 10

How well supported do you feel your child is? 1 2 3 4 5 6 7 8 9 10

Do you feel your child has legitimate opportunities for the future?

1 2 3 4 5 6 7 8 9 10

Please can you tell us why your child is attending this group and what you would like this to achieve? Anything you would like to say, we would like to hear.

Total Score:**Post Programme (In last 3 months)****Date:**.....

(1 being not at all, 10 being very)

How safe do you feel you child is? 1 2 3 4 5 6 7 8 9 10

How happy and content do you think they are? 1 2 3 4 5 6 7 8 9 10

How well supported do you feel your family is? 1 2 3 4 5 6 7 8 9 10

How well supported do you feel your child is? 1 2 3 4 5 6 7 8 9 10

Do you feel your child has legitimate opportunities for the future?

1 2 3 4 5 6 7 8 9 10

Please can you tell us if there was a positive change and has it continued? Anything you would like to say, we would like to hear.

Total Score: