

Your Voice Parent's Feedback Form

Date.....Venue.....

Yes  No 

1. Was it easy to get an appointment with the Counsellor?

2. How did you feel your child was before counselling?

Awful	Bad	Okay	Good	Great
<input type="text"/>				

3. How were they after counselling?

Awful	Bad	Okay	Good	Great
<input type="text"/>				

4. How did you hear about Eye to Eye Counselling? (Please select one)

Poster/Leaflet	School	Health	Family/Friend
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Website	Social Media	Planners	Other
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Yes  No 

5. Do you think counselling was a good way to deal with Your child's problem or situation

A few questions about your Counsellor

6. Did you feel the counsellor understood the problem / situation?

7. Did you feel the counsellor helped them talk about the problem / situation

8. Did you feel that the counsellor helped your child make a positive difference to their situation/problem?

9. Did you feel the counsellor was respectful and courteous?

10. Would you recommend the counsellor to a friend or your family?

Please turn over

11. What has changed for them since accessing counselling? (Please tick any that apply)

They get along better with others	They are less angry	They hurt themselves less	They are more able To cope
They are more able to concentrate	They are happier	They are more confident	They are kinder to themselves

12. Who has noticed these changes?

You and your family	Teachers/Tutors	Friends	Other

13. Since attending counselling, do you feel you they have improved in any of the following? (Please tick any that apply to you)

Their school work or work life has improved	Their attendance at school or work has improved	Their behaviour or attitude toward others has improved

14. How did you feel about the service you received from Eye to Eye overall?

Bad

OK

Good

Great

What would you like to see improved or can you suggest how we can make our service better?

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15. If Primary School Counselling was not available, would you have accessed it elsewhere?

Yes

No

Can you tell us where/how.....

16. If you wanted your child to have counselling again, which type of counselling would you prefer?

Face to face with a counsellor

Online

17. To help us to develop our services in the future, would you like your child to be able to access counselling

Telephone	Online	Skype

If you would like us to contact you about your feedback, please leave your preferred method of contact and your details here

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Thank you for your feedback