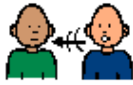


Name:

Unique Identifier\NHS Number:

DOB:



Tell Us ...We're Listening ...

Question One:



do



you



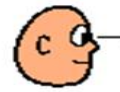
understand



why



we



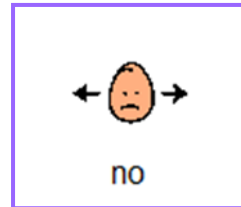
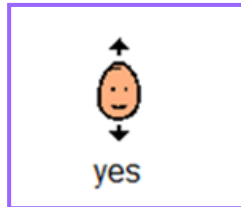
saw



you



today?



Question Two:



Did



you



like



what



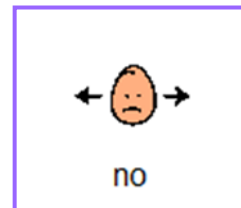
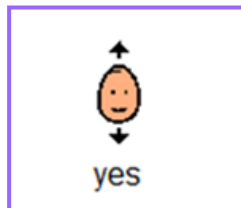
we



did

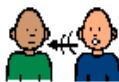


today?



Question Three:

Place a photograph
 of the worker here



Tell



me



what

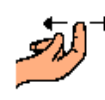


you



think

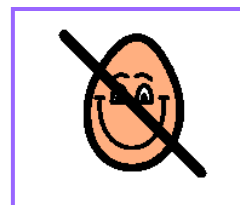
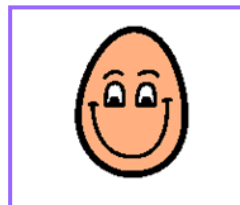
about me



coming

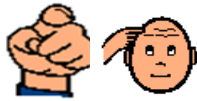


today



Guidance for Completing the Questionnaire

For the Child / Young Person:



Help me to understand what you think about the things we are doing together.



Thank you.

For Parents / Carers:

It is important for us to gain the views of our children with communication challenges who do not use, or have limited speech to enable them to participate at whatever level is appropriate for their ability.

We would be grateful if you could help us to complete this questionnaire, to help us to understand how things are going for the child in your care, to ensure that whatever we do together doesn't impact on them negatively.

This questionnaire may take a little time to complete with the child, but we want the child to have an opportunity to be able to express their views following the time we have spent with them.

Thank you.

