

# Child and Family Partnership evaluation survey (Families and Education)

Please complete this short survey about your experience of being involved.

You don't need to answer all the questions.

If you would prefer to do this over the phone with one of our staff, please let us know.

**What activity are you filling in this form about?** (for example: interview, workshop, disability resources, family forum)

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**Overall, my experience of being involved was positive**

Strongly disagree  Strongly agree

    

**The purpose of the activity was clear to me**

Strongly disagree  Strongly agree

    

**My role in the activity was clear to me**

Strongly disagree  Strongly agree

    

**I felt valued**

Strongly disagree  Strongly agree

    

**I felt safe and supported**

Strongly disagree



Strongly agree



**Being involved had a positive impact on my life**

Strongly disagree



Strongly agree



**If yes, in what way has it had a positive impact on you?**

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**Are there any ways we can improve? (dot-point answers are fine)**

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**Do you have any other comments?**

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**If you would like us to contact you to discuss your answers, please provide your name and best contact details**

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Thank you for completing the survey. The information that is shared is important to us, so we can continue to do better.