Support Care Scheme Evaluation Form

Carer’s children

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| --- |
| YOUR NAME:  |
|  |
| NAME OF YOUNG PERSON VISITING:  |

How often does ………………. (name) visit you?

What do you like about…………………(name) visiting?

What would you like to be better about………………(name) visiting?

Is there anything you would you like to be different?

Overall on a scale of 1 to 10 how much do you enjoy being involved with support care?

 1 2 3 4 5 6 7 8 9 10

 Thank you so much for completing this form