**Parent/Carers Feedback Questionnaire**

|  |
| --- |
| **Name of Student: Date:**Please score 1 as lowest and 5 as highest and add a comment if you would like to |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Question** | **1** | **2** | **3** | **4** | **5** | **Comments:** |
| Do you feel your young person has made progress at Miag? |  |  |  |  |  |  |
| Did you feel involved with their transition to Miag? |  |  |  |  |  |  |
| Were you able to meet staff before your young person started their provision with us? |  |  |  |  |  |  |
| Do you know key staff at Miag? |  |  |  |  |  |  |
| Did Miag attend key meetings and provide feedback to home schools? |  |  |  |  |  |  |
| Did you feel staff were easy to talk to? |  |  |  |  |  |  |
| Did your young person enjoy their time at Miag? |  |  |  |  |  |  |
| Is your young person transitioning to another setting? If so, where? |  |  |  |  |  |  |

|  |
| --- |
|  |