



NEMFLA Parent Evaluation Form

Please take a few minutes to complete this evaluation form.

Please indicate which of our services you have utilised with a tick ✓

SERVICES

	✓		✓		✓
Home visit	<input type="checkbox"/>	Assistance filling in forms	<input type="checkbox"/>	Training	<input type="checkbox"/>
Office visit	<input type="checkbox"/>	Respite	<input type="checkbox"/>	Workshop / Seminar	<input type="checkbox"/>
After diagnosis visit	<input type="checkbox"/>	Escort to meetings	<input type="checkbox"/>	Consultation	<input type="checkbox"/>
School visit	<input type="checkbox"/>	Signposting to Autism related services	<input type="checkbox"/>	Toy and book library	<input type="checkbox"/>
Telephone support	<input type="checkbox"/>	Trips / outings	<input type="checkbox"/>	Social activities	<input type="checkbox"/>
Advice/ Cultural issues	<input type="checkbox"/>	Initial assessment to identify training needs	<input type="checkbox"/>	Outreach	<input type="checkbox"/>
Network support	<input type="checkbox"/>	Support / training plan	<input type="checkbox"/>	Meetings	<input type="checkbox"/>

For each of the areas, please indicate your reaction with a tick ✓

TOPIC	Excellent	Good	Satisfactory	Poor
Did our service(s) received meet your needs and expectations?	[]	[]	[]	[]
Our responsiveness in dealing with you	[]	[]	[]	[]
Our professionalism in dealing with you	[]	[]	[]	[]
Knowledge of staff	[]	[]	[]	[]
Overall rating of NEMFLA services	[]	[]	[]	[]

1. Which of NEMFLA's services have you benefited from the most?



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2. What would we need to do to satisfy your requirements even more?

3. Are there any other services we don't currently have that you would like to see?

4. Would you recommend the NEMFLA project to other parents?
 Yes No

5. What happens if this service is not continued? What would be the likely impact on the support you are receiving at the moment?

6. Do you have any comments or suggestions on how we can improve the NEMFLA project?

7. How did you hear about NEMFLA?

	✓		✓
Leaflet / flyer		Community Group	
School /Nursery		Church / Mosque	
Children's Centre		Relative / Friend	
Social Services		Other	

Optional

Name : Date:

Organisation: Job title:

Thank you for taking the time to complete this evaluation form.

