

Child and Family Centres

Sensitive: Personal

Information in this document is subject to the confidentiality provisions of the *Children and Young People Act 2008*, the *Health Records (Privacy and Access) Act 1997* and the *Information Privacy Act (ACT) 2014*. Further information about the Directorate's privacy policy is available online at <http://www.communityservices.act.gov.au/>

Subject	
Assessment Type	
Owner	
Actioning Provider	
Actioning Team	
Regarding	

Key Dates	
Date	
Due Date	
Date Completed	

1. Were the family contactable?	<input checked="" type="checkbox"/> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <input type="checkbox"/> No If no, how many attempts were made to contact the family. At least three attempts should be made to contact the families. (comment, with the dates of attempted contacts):
2. Case ID	

The Child and Family Centre/ PAT Program are interested to hear feedback from families in respect to the services received. Any information you provide will be used to evaluate and improve our service and will not affect your access to the service in the future

3. Would it be OK if I asked you some questions about your contact with the service?	<input checked="" type="checkbox"/> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <input type="checkbox"/> No
4. Overall were you satisfied with the services you and your family received?	Drop down options: Very satisfied Somewhat satisfied Neutral Somewhat unsatisfied Very unsatisfied.
5. What did you find useful about the service that you received?	

6. As a result of your contact with the Child and Family Centre/ PAT Program do you:

a. Feel more confident as a parent?	<input checked="" type="checkbox"/> <input type="checkbox"/> Agree <input checked="" type="checkbox"/> <input type="checkbox"/> Disagree
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	<input checked="" type="checkbox"/> <input type="checkbox"/> Not Sure
b. Feel more confident about finding and going to services for support?	<input checked="" type="checkbox"/> <input type="checkbox"/> Agree <input checked="" type="checkbox"/> <input type="checkbox"/> Disagree <input checked="" type="checkbox"/> <input type="checkbox"/> Not Sure
c. Feel more connected to others?	<input checked="" type="checkbox"/> <input type="checkbox"/> Agree <input checked="" type="checkbox"/> <input type="checkbox"/> Disagree <input checked="" type="checkbox"/> <input type="checkbox"/> Not Sure

7. As a result of your contact with the Centre has anything changed for you and your children?	
8. (only ask if Q3 is a No) What would you like to have happen in relation to the information you have just provided?	
9. If you were to seek support again, would you come back to the Child and Family Centre?	<input checked="" type="checkbox"/> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <input type="checkbox"/> No
10. Do you have any comments or suggestions about how we could improve the services for families?	

Created By	Date Created	Last Updated