



# EVALUATION FORM FOR CHILDREN & YOUNG PEOPLE

1. Did your support worker explain to you why they were working with you/your family?

Yes  No

2. Please put a cross in the boxes below that you think match how you felt about the support:

	Very Good	Good	Okay	Poor	Terrible
1. Your relationship with your worker					
2. How often you saw your worker					
3. How long your worker spent with you					
4. What time of day you met with your worker					
5. How easy your worker was to talk to					
6. Advice/help your worker gave you					

2a. If there is anything else you would like to tell us about how you felt, please write it here:

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3. Which areas did you and the support worker focus on?

1. Behaviour at home	2. Routines	3. Behaviour at School	4. Accessing Other Services	5. Relationships
6. Domestic Abuse	7. Home safety	8. Home Conditions	9. Housing	10. Keeping Safe
12. Mental Health	13. Physical Health	14. Budgeting	15. School Attendance	16. CV Writing
16. Job Applications	17. College Course	18. Positive Activities	19. Other	20. Other

**Please turn over for further questions.**

4. What difference has having a support worker made to you? (You can circle all answers that fit)

1. I generally feel happier	2. I have more people to confide in if I need to	3. I get on better with my Mum/Dad or carers	4. I feel like people listen to me
5. I get on better school/college/work	6. I feel less angry	7. Nothing has really changed	8. I feel happier at home
9. I don't feel as anxious	10. I've learned how to control my behaviour more	11. I'm going to school/college/work more	12. I get on Better with my siblings
13. I didn't like having a support worker	14. My Mum/Dad or carers are happier	15. I feel safer	16. I get shouted at less
17. I feel more anxious	18. I feel more angry	19. I argue with my family less	20. I'm going to school/college/work/less
21. I argue with my family more	22. I like myself more	23. I understand more about keeping myself safe	24. I look after myself better
25. I get on better with my friends	26. I find it easier to talk about how I feel	27. Other	28. Other

5. Do you feel that your support worker understood and listened to you and how you felt?

Yes  No

5a. If you answered no could you tell us why?

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6. Which areas of support did you feel were most helpful?

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7. On a scale of 1 - 10 how do you feel our support has helped you in making positive changes to family life? (please tick)

1
  2
  3
  4
  5
  6
  7
  8
  9
  10

8. Is there anything you think your worker could have done better or differently?

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Name: ..... Date: .....

Thank you for taking time to complete this questionnaire.

Your responses are valuable to us and will help us to improve our service.