

Children and Young People's Feedback Form (for individuals)

Boy

Girl

Other

I dont know

___ Age

Tick the number of stars you would give to everything below. Five stars is the best.

SPACE	★	★★	★★★	★★★★	★★★★★
I was listened to from the start					
I felt comfortable giving my opinions					
I felt safe giving my opinions					

VOICE	★	★★	★★★	★★★★	★★★★★
I got the chance to give my opinions					
I got enough information to help me give my opinions					
I got support to have my voice heard					
I understood what was being discussed					
I could give my opinions whatever way I wanted					
I had enough time to talk					

AUDIENCE	★	★★	★★★	★★★★	★★★★★
I know who wants to hear my opinions					
I know why they want my opinions					
They were honest about what they would try to do with my opinions					

INFLUENCE	★	★★	★★★	★★★★	★★★★★
I know where my opinions are going next					
I know how I will be told about what happens to my opinions					
I think what I said today will be taken seriously					

Is there anything else that would have helped you in giving your opinions?

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THANK YOU!

