

# Children and Young People's Feedback Form (for groups)

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 have been listened to from the start					
I felt comfortable giving my opinions					
I felt safe giving my opinions					
A lot of different voices were included					

VOICE	★	★★	★★★	★★★★	★★★★★
I got the chance to give my opinions					
I got enough information to help me give my opinion					
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 our opinions					
I know why they want the opinions of young people					
They were honest about what they would try to do with our opinions					

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

**What were the best things about today?**

.....

.....

.....

.....

.....

**What would you change about today?**

.....

.....

.....

.....

.....

The FOOD was...

The ROOM was...

**THANK YOU!**