

SERVICE USER SERVICE EVALUATION FORM



Name: _____ Date: _____

Lead Professional: _____ Form Completed by: _____

Agency of Lead Professional: _____

Please help us to monitor the effectiveness of CAF by completing this evaluation form.

1. How well do you feel CAF has been explained to you?

(1. No explanation - 6. Excellent explanation)

1	2	3	4	5	6
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2. How much involvement did you have in the CAF? (1. None - 6. Fully involved & contributed)

1	2	3	4	5	6
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3. How did you feel during the meetings? (1. Intimidated - 6. Confident)

1	2	3	4	5	6
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4. Were you listened to? (1. Not listened to - 6. Always listened to)

1	2	3	4	5	6
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5. Do you feel the goals on the plan reflected your concerns?

(1. I was not asked - 6. All of my concerns were reflected)

1	2	3	4	5	6
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6. How well do you feel the plan met your needs? (1. Not at all - 6. Excellently)

1	2	3	4	5	6
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Please can you tell us what was the most helpful.

7. Please can you tell us what was not helpful.

8. Any additional comments

The CAF Team
Unit 21, Greens Industrial Estate
Caldervale Road
Wakefield
WF1 5PH



Tel: 01924 304914

Email: cafteam@wakefield.gov.uk

Visit: www.wakefield.gov.uk/CAF