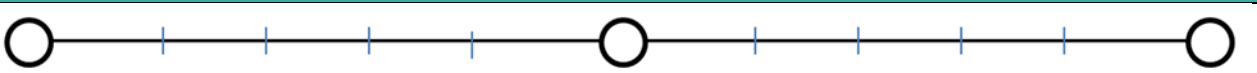


**QF-03-MH v1**

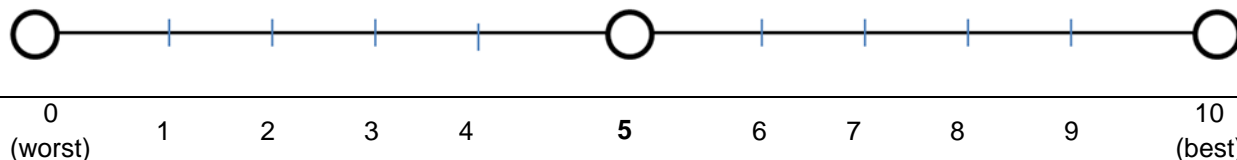
We would appreciate your feedback on the counselling service your child has received. Completing this survey is voluntary. All responses are confidential and will only be used for evaluation purposes to improve the service. This survey is anonymous although we would like some basic information so that we can consider the varying needs of different children.

To complete this survey online, please go to: [www.surveymonkey.com/s/infocusfeedbackchild](http://www.surveymonkey.com/s/infocusfeedbackchild)

1. Information about your child and the service received				
Child's post code		Child's age		Child's gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Name of your InFocus counsellor ( <i>optional</i> ):				
Name of your child ( <i>optional</i> ):				
Location where service was provided:				
2. The location where the appointments took place was convenient for me (please tick)				
<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Unsure <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree				
Any additional comments:				
3. The time of day the appointments took place was convenient				
<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Unsure <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree				
Any additional comments:				
4. Overall, how helpful did you find the sessions?				
<input type="checkbox"/> Very comfortable <input type="checkbox"/> Comfortable <input type="checkbox"/> Unsure <input type="checkbox"/> Uncomfortable <input type="checkbox"/> Very uncomfortable				
Any additional comments:				
5. How would you have rated your child's mental, behavioural or emotional wellbeing the week <u>before</u> you started with the program? Please indicate on a scale of 1 to 10, where 0 is the worst and 10 is the best your child has been:				
				
Any additional comments:				

# Parent/Guardian Feedback Form

6. How would you have rate your child's mental, behavioural or emotional wellbeing after attending the InFocus Counselling Program? *Please indicate on a scale of 1 to 10, where 0 is the worst and 10 is the best your child has been:*



Any additional comments:

7. Would you have considered seeking treatment for your child if they had not been referred by the GP (or other referrer)?

☐ Yes ☐ No ☐ Unsure

8. How many counselling sessions did you and your child attend?

☐ 0 - 6 ☐ 7 - 12 ☐ 13 - 18

9. Do you feel this number of sessions was enough?

☐ Yes ☐ No ☐ Unsure

10. Were you required to pay a small fee for the counselling provided?

☐ Yes ☐ No ☐ Unsure

11. If you answered yes, were you satisfied with the cost?

☐ Yes ☐ No ☐ Unsure

12. I would recommend this service to others...

☐ Strongly Agree ☐ Agree ☐ Unsure ☐ Disagree ☐ Strongly Disagree ☐ Strongly Agree

13. What, if any, improvements would you suggest for this counselling program?

If you would like to make a compliment/complaint or would like information on how to, please go to [www.archehealth.com.au/infocus](http://www.archehealth.com.au/infocus) or call the InFocus manager on ☎ 9458 0505.

**Thank you for taking the time to complete this survey.**

Please return survey using the supplied pre-paid envelope. You can also give it to your counsellor to return or send it directly to: **Arche Health, PO Box 268, Bentley WA 6982.**