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| **CHILD’S NAME: DATE:** |
| **PRIMARY CARE GIVER/TEACHER(S):** |
| **PLAY CONSULTANT:**  **LENGTH OF TIME RECEIVING PLAY SERVICES:** |

**Your feedback is important to us! Please take a moment to let us know about your experience with The PLAY Project.**

How would you rate the following:

1 (poor) 2 (fair) 3 (neutral) 4 (good) 5 (excellent)

1. The overall services provided by your PLAY Project Consultant? 1 2 3 4 5
2. The ease of scheduling? 1 2 3 4 5
3. The PLAY Consultant’s skills & effectiveness with your child? 1 2 3 4 5
4. The PLAY Consultant’s ability to teach & model skills? 1 2 3 4 5
5. Response to your questions by The PLAY Consultant? 1 2 3 4 5
6. The helpfulness of the Visit Suggestion Report (at the end of each visit)? 1 2 3 4 5
7. The helpfulness of the video feedback? 1 2 3 4 5
8. The helpfulness of the Video Review Form & PLAY Plan (full monthly report)? 1 2 3 4 5
9. Your overall understanding of how to use PLAY Project Methods & Techniques? 1 2 3 4 5
10. Your confidence in implementing The PLAY Consultant’s suggestions? 1 2 3 4 5

1 (None of the time) 2 (Some of the time) 3 (Most of the time) 4 (All of the time)

1. How often do you read the Video Review Form & PLAY Plan (full monthly report)? 1 2 3 4
2. How often do you watch the video? 1 2 3 4

Would you recommend The PLAY Project to other people? Yes No

Would you allow us to use your feedback / comments on our materials? Yes No

Please note your additional comments & suggestions:

Please use the following link to take our brief survey. Your feedback is important to us!

<https://podio.com/webforms/27890436/2184129>

Thank you for taking the time to give us feedback!