

## Kent Children's Speech and Language Therapy Child/Young Person Survey

### Where did we see you today?

At a clinic or hospital

At home

Children's Centre

School or Nursery

Specialist Service

Please tick or circle your answer on every question

### Thinking about your visit today

1 Would you want your friends and family to have this help if they needed it?



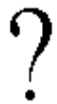
Yes



Maybe



No



Don't know

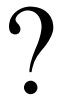
2 Did I tell you what we were going to do today?



Yes



No



Don't know

3 Did you like talking to me?



Yes



No



Don't know

4 How did our time together make you feel?



Happy



Unhappy



Don't know

5 Was there anything really good about what we did together?  
Please tell us in the box below

6 Was there anything you didn't like about what we did?  
Please tell us in the box below

Thank you for completing this survey