

# Kent Childrens Speech and Language Therapy-Young Person

## Thinking about your visit today

1. Where did we see you today?

- Clinic or hospital  At home  Children's Centre  School or Nursery  
 Specialist Service

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

- Yes  Maybe  No  Don't know

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

- Yes  No  Don't know

4. Did you like talking to me?

- Yes  No  Don't know

5. How did our time together make you feel?

- Happy  Don't know  Unhappy

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

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

Please tick this box if you do not wish your comments to be made public

Thank you for completing this survey