

**Measuring the impact of supporting transitions**

**Early years provider/school survey**

Please complete the following survey one term after you have admitted a child into your setting/school.

|  |  |
| --- | --- |
| **Name of setting/school:** |  |
| **Name of child:** |  |
| **Date of completion:** |  |
| **Completed by:** |  |

Please rank your view of the following statements and share any comments and ideas you may have in the space provided.

**1. Our knowledge and understanding of the child when they started with us was:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not at all good | Not so good | Good | Very good | Excellent |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  |  |  |  |  |  |  |  |  |  |
| What was helpful? |
|  |
| What could we do better? |
|  |
| What could others do better? |
|  |

**2. Our relationship and communication with your setting before the child joined us was:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not at all good | Not so good | Good | Very good | Excellent |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  |  |  |  |  |  |  |  |  |  |
| What was helpful? |
|  |
| What could we do better? |
|  |
| What could others do better? |
|  |

**3. Our relationship and communication with the family of the child now is:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not at all good | Not so good | Good | Very good | Excellent |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  |  |  |  |  |  |  |  |  |  |
| What was helpful? |
|  |
| What could we do better? |
|  |
| What could others do better? |
|  |

**4. Our contact with other professionals involved in the care of the child was:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not at all good | Not so good | Good | Very good | Excellent |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  |  |  |  |  |  |  |  |  |  |
| What was helpful? |
|  |
| What could we do better? |
|  |
| What could others do better? |
|  |

**5. Our knowledge and understanding of who else to contact for help and advice was:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not at all good | Not so good | Good | Very good | Excellent |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  |  |  |  |  |  |  |  |  |  |
| What was helpful? |
|  |
| What could we do better? |
|  |
| What could others do better? |
|  |

**Please return to:**

**Thank you for helping us continually improve**