**Measuring the Impact of Supporting Transitions**

**Family feedback survey**

We will be in touch with you after one term to talk through your experiences to help us to learn about how to make our transitions the best they can be.

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

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

**1. How good were the staff at welcoming your child, quickly helping them to belong and encouraging them to thrive?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Not at all good | | Not so good | | Good | | Very good | | Excellent | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  |  |  |  |  |  |  |  |  |  |
| What helped? | | | | | | | | | |
|  | | | | | | | | | |
| What else might help? | | | | | | | | | |
|  | | | | | | | | | |

**2. How good was communication and information sharing between you, staff at our setting and staff at the new setting/school?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Not at all good | | Not so good | | Good | | Very good | | Excellent | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  |  |  |  |  |  |  |  |  |  |
| What helped? | | | | | | | | | |
|  | | | | | | | | | |
| What else might help? | | | | | | | | | |
|  | | | | | | | | | |

**3. How suitable was the physical environment to help your child to adapt, learn and grow?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Not at all good | | Not so good | | Good | | Very good | | Excellent | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  |  |  |  |  |  |  |  |  |  |
| What helped? | | | | | | | | | |
|  | | | | | | | | | |
| What else might help? | | | | | | | | | |
|  | | | | | | | | | |

**4. Overall how good was the planning and support put in place to enable a smooth transition from our setting to the new setting/school?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Not at all good | | Not so good | | Good | | Very good | | Excellent | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  |  |  |  |  |  |  |  |  |  |
| What helped? | | | | | | | | | |
|  | | | | | | | | | |
| What else might help? | | | | | | | | | |
|  | | | | | | | | | |

**5. Finally, how happy is your child at their new setting now and how did their transition contribute?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Not happy at all | | Not so happy | | Happy | | Quite happy | | Very happy | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  |  |  |  |  |  |  |  |  |  |
| Tell us why you scored how you did here | | | | | | | | | |
|  | | | | | | | | | |

**Please return to:**

**Thank you for helping us continually improve**