

FAMILY CHAMPION FEEDBACK FORM



Name of Family Champion:	
Name of Meeting/Event Attended:	
Date of Meeting/Event:	
Names of Attendees and Organisations:	
Have you received: <ul style="list-style-type: none">• Agenda• Minutes• Handouts• E-mail Correspondence If yes, please attach and/or send to yourvoice@essexfamilyforum.org	YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
Purpose of Meeting? (Please make a note if it is SEND specific)	
Areas of discussion (Health/Social Care/Education/Transport etc) - <i>Main points discussed</i> - <i>Any agreements or action points</i>	
Did you find the meeting useful? (Please state yes or no and give any reasons you have)	

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Is there an opportunity within this meeting to give family feedback?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Action required by the forum:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Please outline actions below: 1. 2. 3. 4.	

Do you have any follow up questions for the forum after attending?

Is there any work planned from this meeting that will be helpful for parents/carers to be involved in.

Next meeting date (if applicable)

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