

RATE YOUR CHILD IN CARE REVIEW

How would you rate your review? (Please circle)



I hated it



I didn't like



It was not
good or bad



I liked it



I loved it

What would make it even better next time?

.....
.....
.....

Did you feel like you were listened to at your review?



No



Maybe /
Not Sure



Yes

How did you feel after your review?



Happy



Worried



Anxious



Angry

Other.....

Your IRO's Name:

Your Name:.....

Age:.....