

Integrated Review for 2-year-olds

We really value your opinion and are interested in your views

Please share your views on your experience of the Integrated Review for 2-year-olds

Name of Early Years Setting: **Date of Review:**

- | | |
|---|--------|
| 1) Did you understand the information given to you about the review beforehand? | Yes/No |
| 2) Did you find it helpful to have your child's key person and health visitor together? | Yes/No |
| 3) Did you feel able to contribute to the review? | Yes/No |
| 4) Did you feel listened to? | Yes/No |
| 5) Did you fully understand the outcome of your child's review? | Yes/No |
| 6) Overall how satisfied are you with the experience? | |



Very satisfied



Not sure



Dissatisfied

- 7) What could have been done better in this review (ideas/suggestions please)?