

Integrated Review for 2-year-olds

We really value your opinion and are interested in your views

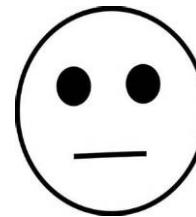
Please share your views on your experience of the Integrated Review for 2-year-olds

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

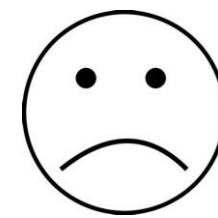
1) Did you understand the information given to you about the review beforehand?	Yes/No
2) Did you find it helpful to have your child's key person and health visitor together?	Yes/No
3) Did you feel able to contribute to the review?	Yes/No
4) Did you feel listened to?	Yes/No
5) Did you fully understand 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)?