

## Early Intervention Support Service Young Person's Questionnaire

*In completing this questionnaire, I give consent for the information to be used for monitoring and evaluating the Early Intervention Support Service. I understand that this information will be anonymous and I will not be identified in any evaluation.*

ID Number				
1. Was your worker helpful?	Yes			
	No			
2. Did the service make things better for you?	Yes			
	No			
3. How happy were you with the service?	Very Happy			
	Happy			
	Not Happy			
4. What score would you give the service out of 5?				
Not Good	Fair	Good	Very Good	Excellent
1	2	3	4	5
5. Have you any comments about the service? (Please write these below)				

THANK  
YOU!

For Completing this Form!

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