



Family Group Conference

FEEDBACK FROM PROFESSIONALS

Name (optional)

Child / Young Person's Name:

FGC Co-ordinator:

FGC Date:

1. Did you have enough information on the Family Group Conference process to enable you to take part?

Please tick as appropriate

0	5	10
Not Enough	Right Amount	Too Much

2. Did you think you provided enough information to those present to make a plan about the child/young person?

Please tick as appropriate

0	5	10
Not Enough	Right Amount	Too Much

3. What was most useful about the meeting?

4. What was least useful?

5. How would rate the venue?

Please tick as appropriate

0	5	10
Inadequate	Good	Excellent

6. How was the food?

Please tick as appropriate

0	5	10
Inadequate	Good	Excellent

7. How would you rate the overall organisation?

Please tick as appropriate

0	5	10
Inadequate	Good	Excellent

8. Do you think the Family Group Conference could have been improved? If so, how?

**THANK YOU FOR FILING THIS IN AND RETURNING IT TO US
AT FAMILY GROUP CONFERENCE.**