



HUMBERSTON PARK SCHOOL

St Thomas Close

Humberston

Grimsby

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JOINT WHEELCHAIR CLINICS PARENTAL SURVEY 2010

Has your child had an appointment for a joint wheelchair clinic?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Comments

Were you invited to the Clinic by Wheelchair Services?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Comments

Were you able to attend?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Comments

Did the professionals involved listen to your point of view and your child's point of view?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Comments

Was there a resolution?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Comments

If yes, what was the outcome?

Very Good	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you describe this service as either very good, good, satisfactory or poor?

Very Good	Good	Satisfactory	Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What improvements if any would you like to see for this service?

Please reply by: **Friday 18th February 2011**

OPTIONAL

Signed _____

Child _____

- I would be prepared to participate in a short follow up discussion.
- I would not be prepared to participate in a short follow up discussion.