

Family feedback

(Insert name of school governing council)

Please return by: (insert date)

Your feedback will assist the (insert name) School governing council to assess the overall satisfaction of the children and families using the (insert name) OSHC service and provide feedback to (insert name) for possible areas of improvement on behalf of families.

Family name:.....

1. How many days per week on average do you use the service?

- Before School Care
- After School Care
- Vacation Care

2. Overall, how satisfied are you with the OSHC service?

Please rate from 1 to 5 1 = Dissatisfied 5 = Extremely satisfied

1	2	3	4	5
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Comments:.....
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3. Do you feel families and children are given opportunities and encouraged to have input into the service?

Please rate from 1 to 5 1 = Dissatisfied 5 = Extremely satisfied

1	2	3	4	5
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Comments:.....
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4. Overall, how satisfied are you with the services bookings and billing processes?

Please rate from 1 to 5 1 = Dissatisfied 5 = Extremely satisfied

1	2	3	4	5
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Comments:.....
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5. Do you feel OSHC staff interact with children, families, and each other in a warm, friendly and respectful manner?

Please rate from 1 to 5 1 = Dissatisfied 5 = Extremely satisfied

1	2	3	4	5
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Comments:.....
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6. Do you feel the routines and activities provided at OSHC meet the needs and individual interests of your child/ren?

Please rate from 1 to 5 1 = Dissatisfied 5 = Extremely satisfied

1	2	3	4	5
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Comments:.....
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7. Do you feel the furniture, equipment, facilities and resources provided at OSHC are suitable, sufficient in number and well maintained?

Please rate from 1 to 5 1 = Dissatisfied 5 = Extremely satisfied

1	2	3	4	5
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Comments:.....
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8. Any other comments you and your child/ren have about their time at OSHC:

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