|  |
| --- |
| THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FEEDBACK   **Sensory Differences – Parent/teacher workshop.****Date completed……………………………………** |

Thank you for watching our Sensory Differences workshop. We hope that you enjoyed it and found it interesting and informative.

We would be very grateful if you could take a moment to complete the workshop evaluation form. Your comments will assist us to improve future workshops.

To start with please can you score on a scale of 1-4, how confident you were able to understand your child’s sensory differences **before** the workshop. (1 = very confident to 4= very unconfident)

1 2 3 4

|  |  |
| --- | --- |
| **About You**If you want to; please let us know if you have any medical condition that impacted on being able to watch/ take part in the sensory workshop |  **best describes you** |

 *Please circle your answer Comments*

**Scale: 1- strongly agree 2 Agree 3 Disagree 4 Strongly Disagree**

Please provide feedback in the comments box

|  |  |  |
| --- | --- | --- |
| 1. Did you enjoy the workshop? |  **1 2 3 4 not sure** |  |
| 2. How well do you feel able to recognize your child’s sensory differences after the workshop? | **1 2 3 4 not sure** |  |
| 3. How well do you feel you have strategies to support your child? | **1 2 3 4 not sure** |  |
| 4. Was the presenter clear explaining about sensory differences | **1 2 3 4 not sure** |  |
|  5. Did the course meet its aims? | **1 2 3 4 not sure** |  |
| 6. Were the videos/ handouts informative? | **1 2 3 4 not sure** |  |

|  |  |
| --- | --- |
| 7 Were you able to complete the workbook and agree a sensory functional challenge to focus on.  |  |
| 8. Is there anything we could do to improve the workshop?  |  |
| 9. Which elements of the workshop did you find most useful?  |  |

|  |
| --- |
| **Finally, having completed the workshop, could you score on a scale of 1-4, how confident you feel able to understand your child’s sensory differences (1= very confident and 4= very unconfident)**  **1 2 3 4**  |

**Please return to Sarah Davies, Children’s Occupational Therapy Team Lead, Lescaze Office, Shinners Bridge, Totnes, Devon TQ9 6JE**