**ROTH Meeting Child/Young Person Feedback**

We would like you to tell us what might help us to improve the experience of young people when they attend the ROTH meeting.

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| --- | --- |
| **Date of your ROTH meeting** |  |
| **Your Name** |  |

|  |  |
| --- | --- |
| **On a scale of 1 – 5 please indicate how you feel.**  (1 = strongly disagree 5 = strongly agree) | |
| **Q1. Have people listened to you?**  **If not, why not** |  |
| **Q2.** **Do you understand why people are worried about you?** |  |
| **Q3. Do you feel safer / more supported?** |  |
| **Q4. Do you feel more worried?** |  |
| **Q4. If so, what about.** |  |
| **Q5. Do you get what has been agreed? Was the plan made at the meeting clear for you?** |  |
| **Q6. What have been the good things** |  |
| **Q7. What could we do better next time? What do you think we could do to make this meeting/ process better?** |  |
| **Q7. Anything else we have missed?** |  |

Thank you for taking time to complete this form.

To complete on MS forms click on this link: <https://forms.office.com/r/HJzk0CwMbR>