**ROTH Meeting Feedback Forms for Parents/Carers**

Could you please take a few minutes to complete this form. Your feedback can help us to learn and improve the way in which we work with your family.

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| **Date of the ROTH meeting.** |  |
| **Your Name.** |  |
| **Your Child’s Name** |  |

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| **Q1. Did you feel heard?** |  |
| **Q2. Do you feel enough is being done to reduce the concerns, if not, what do you feel could be done?** |  |
| **Q3. Was the plan made at the meeting clear for you?** |  |
| **Q4. Do you feel anything worked really well in the meeting?** |  |
| **Q5. What do you think we could do to make this meeting/ process better?** |  |

Thank you for taking time to complete this form.

To complete this on MS Forms click on this link: <https://forms.office.com/r/7s947Bd28i>