





KIDS FEEDBACK FORM

| | Yes  | Not Sure  | No  | Why?  |
|--|---|---|--|--|
| Did you enjoy your session? | | | | |
| Did you feel listened to? | | | | |
| Did you feel safe? | | | | |
| Were you able to ask questions? | | | | |
| Did staff say hello to you and tell you their name? | | | | |
| Can we do anything to make your next session better? | | | | |
| Would you want your friend or sibling to be treated by us if they needed some physiotherapy? | | | | |
| If there anything else you would like to say about your session today? | | | | |
| What is important to you in your physiotherapy sessions? | | | | |



Handwritten signature or mark at the bottom left corner.