





Children's



Heedback Form

This is a quick questionnaire to help us find out how you and your foster carers are getting on and whether you need any extra support or help.



Let's get started Date

	First off, tell us your name	
	Local Office	
		_





Can you tell us a little bit about yourself?

Or you can draw a picture if you like











How long have you lived with your foster family?











Have you got your own bedroom? What is it like?



How well do you get on with the other children in the house?









If there are any house rules, could you tell us what they are?







Who spends the most time looking after you?

Are there any things you especially like doing? What things do you like doing with your foster carers?







If you need to talk to someone about anything who do you talk to?











Is there anything else you would like to tell us?





Would you like to speak with someone in the Orange Grove team?

Yes



No







For completing this form.





