

Action for ASD Parental Consultation Survey

We value your opinions; please give us your feedback to help us improve our services!

Name: _____ (optional)

What sessions/services available at Action for ASD are the most beneficial?

Is there more support/services that we could provide that would help your child/family?

What improvements in services and support could be made?

Are the times and days of our sessions suited to your family?

Do you think support staff are accessible, knowledgeable and trained in Autism?

Yes [] No [] N/A []

Do you attend the support group?

Yes [] No [] N/A []

Are you happy with the support group times/dates?

Yes [] No [] N/A []

Would you like to see more activities during the holidays? ie. trips out, residential activities, if so, please state

Yes [] No [] N/A []

What services will your children want from Action for ASD in the future?

We have a Facebook page now set up. Do you think this has a benefit to members?

Yes [] No [] N/A []

If your child is under 4 years, what kind of sessions and activities would you find useful?

Would you find an under 4's play session useful, would you want to stay with your child?

Yes [] No [] N/A []

We are hoping to provide training to parents in the future. What training would benefit you as a parent?

Are you happy with the communication Action for ASD provide?

Yes [] No [] N/A []

How do you find out about the services/activities Action for ASD provides? Please tick all that apply

Emails [] Letters [] Facebook []
Twitter [] Word of mouth [] Other [] _____

If Action for ASD were to provide a family session at the weekend, would you attend this session?

Yes [] No [] N/A []

What time would be best for your family?

Would you prefer the Monday night Family Sessions to be parent led or supervised by staff?

Parent Led [] Supervised by staff [] N/A [] Please give us your comments below.

Please circle the appropriate number according to how strongly you agree with each statement made. Please read each statement carefully before answering.

1=Strongly agree 2=Agree 3=Neither agree nor disagree 4=Disagree 5=Strongly disagree

My child is happy to attend the club	1	2	3	4	5
I feel that I have made the right choice of childcare for my child	1	2	3	4	5
My child is encouraged to behave well	1	2	3	4	5
I have a good relationship with the club staff	1	2	3	4	5
Staff are approachable and willing to discuss my concerns	1	2	3	4	5
The club communicates information well	1	2	3	4	5
I know what my child does at the club each day	1	2	3	4	5
I am confident that my child is not bored or unhappy at the club	1	2	3	4	5
The club is helping my child to become responsible and independent	1	2	3	4	5
The club offers a good range of play opportunities	1	2	3	4	5
I feel that the quality of service reflects the fees charged	1	2	3	4	5
Action for ASD opening times meet my current requirements	1	2	3	4	5
I am happy with the snacks available at tuck shop	1	2	3	4	5

Would you like any other snacks made available at tuck shop? if yes, please state.

Yes [] No [] N/A []

Any other comments

Thank you for taking the time to complete this survey. Please return it to the Action for ASD office, Suites 7 & 8 Kings Mill, Queen St, Burnley, BB10 2HX, or email it to amy@actionasd.org.uk.