

PARENTAL FEEDBACK FORM



Name of Child:	Date of Stay:
Name of Parent(s):	

To help us evaluate our program we ask that you take a few minutes to complete this feedback form. The information provided here will help us continue to improve our services for you and your child.

Was the relief period beneficial for you and your family?	
Were you satisfied with the care your child received?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please comment.	
Were you given an opportunity to update you child's care plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was all clothing and equipment returned to you at the end of the visit? If not, please describe missing items.	
Do you have any concerns, comments or compliments?	
Are there any concerns around the requested payment?	

Thank you for your feedback.
 Please return the completed form to The Ottawa Rotary Home 30 Rochester Street, Ottawa, ON K1R 7V3
 You can also return the form during your child's next visit.