

**Table 5.2** Feedback questionnaire on the EHC plan review meeting

Please answer all the questions as best you can about the EHC plan meeting today.

Name: \_\_\_\_\_ Date of meeting: \_\_\_\_\_

Venue for meeting: \_\_\_\_\_

✓ one box for each question below that matches your thoughts about today's meeting.

1. Was the purpose of the EHC plan meeting made clear to you?

YES ☐ NO ☐

2. Did you feel able to give your views at the EHC plan meeting?

YES ☐ NO ☐

3. Did you feel your views were listened to today at the meeting?

YES ☐ NO ☐

4. Were your views written down and taken seriously at the meeting?

YES ☐ NO ☐

5. Do you think the EHC plan meeting was well led and managed?

YES ☐ NO ☐

6. Do you feel OK about what the EHC plan's next steps are?

YES ☐ NO ☐

7. Were you happy with the venue for the meeting today?

YES ☐ NO ☐

8. Did you feel there was enough time for the meeting today?

YES ☐ NO ☐

9. What could be done to make the next EHC plan review meeting better?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Is there anything else you wish to say about the EHC plan review meeting today?

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\_\_\_\_\_

\_\_\_\_\_

Thank you for taking the time to answer this questionnaire