## Family feedback

## (Insert name of school governing council)

Please return by: (insert date)

Your feedback will assist the (insert name) School governing council to assess the overall satisfaction of the children and families using the (insert name) OSHC service and provide feedback to (insert name) for possible areas of improvement on behalf of families.

1. How many days per week on average do you use the service?3 -

Before School Care  $\tilde{0}$   $\tilde{$ 

2. Overall, how satisfied are you with the OSHC service?

1 2 3 4 5

5.	•	o you feel OSHC staff interact with children, families, and each other in a warm iendly and respectful manner?															m,													
	Please rate from 1 to 5  1 = Dissatisfied 5 = Extremely satisfied																													
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6.	Do you feel the routines and activities provided at OSHC meet the needs and individual interests of your child/ren?																													

