

# SESSION FEEDBACK



## FOR PARENTS AND CARERS

Where possible, ensure the green sections are read through or written with the child before handing the form to the parent or carer.

Provider's name

Date

Child's name

Staff member's name

No. of toilet trips

Food and drink  
consumed today

Personal medical  
equipment used

**What went well?** E.g. Activity engagement, positive social interactions, toileting, self care, saying what they need.

**What will we continue to work on?** E.g. Any upsets? Trying new things or activities; playing with new people; expressing need; asking for help; social interactions.

**Recommendations to parents of carers?** E.g. Change of clothes, favourite toy, activities to plan for, parent to settle child in at start, need for a 1-2-1 staff support.