

Educational Psychology Service

Evaluation of meeting with pupil

Please help us to make our meetings with pupils better, by telling us what you think.

I am a **BOY** or **GIRL** (please circle which you are). My age is _____

Please mark your opinion on each line.

1. I felt ok about meeting with the educational psychologist (EP):

Don't agree at all

Completely agree

☹ 0 1 2 3 4 5 ☺

2. I felt s/he listened to me:

☹ 0 1 2 3 4 5 ☺

3. I knew why we were meeting:

☹ 0 1 2 3 4 5 ☺

4. I think things will get better after meeting with the EP:

☹ 0 1 2 3 4 5 ☺

5. What could have made the meeting with the EP better?

6. Is there anything else you would like to say?

7. Did you complete this sheet on your own?

YES NO (please circle)

8. If not, did you get help from (please circle):

PARENT CARER TEACHER OTHER

THANK YOU!

When you have filled in the form, please put it in the envelope provided and give it to _____ as soon as you can.

