

**SchoolKit Transition Clinic   
Evaluation Survey**

**School Transition Clinic Survey – Parent/Carer**

Please tick the most appropriate statement.

1. **The school transition clinic is useful.**

□ Strongly disagree □ Disagree □ Unsure □ Agree □ Strongly agree

Comments

1. **The participation of the school staff is useful in the transition clinic.**

□ Strongly disagree □ Disagree □ Unsure □ Agree □ Strongly agree

Comments

1. **The school is the best place for this clinic.**

□ Strongly disagree □ Disagree □ Unsure □ Agree □ Strongly agree

Comments

1. **It is helpful to have school staff, health staff, disability support staff and parents/carers in the same room.**

□ Strongly disagree □ Disagree □ Unsure □ Agree □ Strongly agree

Comments

1. **It is stressful to have a large number of people in the same room during the clinic.**

□ Strongly disagree □ Disagree □ Unsure □ Agree □ Strongly agree

Comments

1. **Please indicate whether you feel the following people are essential to attend the clinic, useful but not essential, or you are unsure.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Essential** | **Useful** | **Unsure** |
| Paediatrician |  |  |  |
| Adult Physician |  |  |  |
| Psychiatrist |  |  |  |
| Therapists/ Allied Health (e.g. speech, occupational therapy, dietician, physio, social work) |  |  |  |
| Case manager or other disability support worker |  |  |  |
| Class Teacher |  |  |  |
| School Counsellor |  |  |  |
| School Principal |  |  |  |
| Transition Care Coordinator |  |  |  |

Comments

1. **The transition period between school age and adulthood is stressful.**

□ Strongly disagree □ Disagree □ Unsure □ Agree □ Strongly agree

Comments

1. **The clinic is a good way to help address my family’s concerns.**

□ Strongly disagree □ Disagree □ Unsure □ Agree □ Strongly agree

Comments

1. **This clinic provided a service that I couldn’t have got elsewhere.**

□ Strongly disagree □ Disagree □ Unsure □ Agree □ Strongly agree

Comments

1. **How can we improve on this service?**

*Thank you for your participation. We appreciate your time and value your comments.*

*Please return via enclosed envelope OR Fax [INSERT FAX NO.] OR e-mail [INSERT EMAIL ADDRESS].*



**SchoolKit Transition Clinic   
Evaluation Survey**

**School Transition Clinic Survey – School Staff**

Please tick the most appropriate statement.

1. **The school transition clinic is useful.**

□ Strongly disagree □ Disagree □ Unsure □ Agree □ Strongly agree

Comments

1. **The participation of the school staff is useful in the transition clinic.**

□ Strongly disagree □ Disagree □ Unsure □ Agree □ Strongly agree

Comments

1. **The school is the best place for this clinic.**

□ Strongly disagree □ Disagree □ Unsure □ Agree □ Strongly agree

Comments

1. **It is helpful to have school staff, health staff, disability support staff and parents/carers in the same room.**

□ Strongly disagree □ Disagree □ Unsure □ Agree □ Strongly agree

Comments

1. **It is stressful to have a large number of people in the same room during the clinic.**

□ Strongly disagree □ Disagree □ Unsure □ Agree □ Strongly agree

Comments

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|  |  |  |  |
| --- | --- | --- | --- |
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| Adult Physician |  |  |  |
| Psychiatrist |  |  |  |
| Therapists/ Allied Health (e.g. speech, occupational therapy, dietician, physio, social work) |  |  |  |
| Case manager or other disability support worker |  |  |  |
| Class Teacher |  |  |  |
| School Counsellor |  |  |  |
| School Principal |  |  |  |
| Transition Care Coordinator |  |  |  |

Comments

1. **The transition period between school age and adulthood is stressful for my students and families.**

□ Strongly disagree □ Disagree □ Unsure □ Agree □ Strongly agree

Comments

1. **The clinic is a good way to help address my student/family’s concerns.**

□ Strongly disagree □ Disagree □ Unsure □ Agree □ Strongly agree

Comments

1. **This clinic provided a service that my students couldn’t have got elsewhere.**

□ Strongly disagree □ Disagree □ Unsure □ Agree □ Strongly agree

Comments

1. **How can we improve on this service?**

*Thank you for your participation. We appreciate your time and value your comments.*

*Please return via enclosed envelope OR Fax OR e-mail.*