Service Evaluation

Auchinairn Early Learning and Childhood Centre is always seeking ways in which to improve our standards and service. To help us to do this I would appreciate if you could take some time to complete the following evaluation.

Thank you.

Janet Brady

Head of Centre

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| Your Name: |  |
| Date of Visit: |  |
| Name of Organisation: |  |
| Reason for Visit(s)(Optional): |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please rate the following using the scale where 1 is poor and 5 is excellent (Please tick your selection): | | | | | |
|  | 1 | 2 | 3 | 4 | 5 |
| Your welcome upon arrival |  |  |  |  |  |
| Staff awareness of the reason for your visit(s) |  |  |  |  |  |
| Professional manner of staff you were dealing with |  |  |  |  |  |
| Staff willingness to listen to your comments/suggestions |  |  |  |  |  |
| Your confidence that any suggestions/strategies would be implemented |  |  |  |  |  |

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| Were the premises suitable for your needs? |
|  |
| Had you heard of the centre before your visit? If so how? (eg EDC, Health Service, website, Facebook etc) |
|  |
| Do you have suggestions/comments on how we could have improved your visit? |
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