Family Name: Identifying Number (if known):

Start Date: End Date:

Date of last Home Visit:

**Part A: Exit Plan**

1. **Can you share with us why you are leaving the programme?**

 Programme Completed

 Moving to different area

 Personal reasons

 No longer need the program

 Other (Please specify)

**Comments:**

1. **Are you linked to any other services?**

Yes  No 

**Comments:**

1. **Do you currently have an active interagency support plan, a Meitheal, or a Tusla Case Plan?**

Yes  No 

**Comments:**

1. **Is there any support you would like or need before you finish your time on the programme?** (Note: we want to ensure smooth transitions to other services if needed and will do our best to support this)

Yes  No 

**Comments:**

Signature: Date:

Home Visitors’ Signature: Date:

**Part B: Feedback/Feed Forward**

To help us improve the service so we can make it better for people attending the programme now and in the future. Please tell us what you think; we welcome your feedback.

1. **How much do you agree or disagree with the following about the PFL Home Visiting Program?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1 (Disagree)** | **2** | **3** | **4** | **5 (Agree)** |
| The support was interactive and encouraged me to participate. |  |  |  |  |  |
| The topics we discussed were relevant to me. |  |  |  |  |  |
| Any content provided was organised and easy to follow (such as tip sheets) |  |  |  |  |  |
| There was enough time. |  |  |  |  |  |
| The home visits met my needs. |  |  |  |  |  |
| I recommend the PFL Home Visiting Programme to a friend. |  |  |  |  |  |
| I would come back again if I was pregnant. |  |  |  |  |  |

1. **Overall satisfaction with the Home Visiting Programme**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1 (not very satisfied)** | **2** | **3** | **4** | **5 (very satisfied)** |
| In an overall, general sense, how satisfied are you with the home visiting sessions you availed of |  |  |  |  |  |

1. Was there anything in particular you liked?

1. Was there anything that could be improved?

1. Is there anything else you would like to add?

Please feel free to download this form and post it to us at Preparing for Life, Bell Building, Darndale/ Belcamp Village Centre, Darndale, Dublin 17, or alternatively you can email it to us at [PFL.Info@nspartnership.ie](mailto:PFL.Info@nspartnership.ie).