** Parent’s baseline project Evaluation Form**

**Name of Young Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| How would you prefer us to keep in touch with you? | Text/Phone | Letter | Visit | Email |
| Would you like to receive information from YEAR or relevant organisations for parents/carers: if Yes how? | YES | NO |
| Text/Phone | Letter | Visit | Email |
| Did you know we have a Facebook page where you can see photos of your young person and info relevant to parents? | YES | NO |
| Do you want any information or support to tackle challenges of daily life for you or your family? e.g. drug/alcohol, challenging behaviour, financial difficulties, school. | YES | NO |
| Would you be willing to attend occasional group activities for **parents and young people** together? | YES | NO |
| Would you like to attend activities/training for **parents** organised through the YEAR project? | YES | NO |
| Is there anything in particular you would like your young person to work on during their time with YEAR? |  |
| Is there anything you think we need to know about your young person to help us best support them during their time with YEAR.  |  |

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Thank you for taking the time to complete this survey please contact us if you need further information or support on 02870344934.**