## Feedback Forms for Direct Observations

You can use these templates to help you collect feedback from individuals and carers involved in direct observations.

You may devise your own forms or other ways of obtaining feedback, depending on the needs and preferences of those involved.

Note. Feedback form number 4 is based on a standardised measure, known as the ‘[Client Satisfaction Questionnaire-8](https://csqscales.com/csq-versions/)’. It has been used in many different studies and services around the world. You can use it to collect feedback and then reflect with the student on any differences between their feedback and that given by other groups of people. In Wales, we do not use the ‘word’ client to describe a person with care and support needs, or a carer, but the measure itself can still be helpful.

### Feedback form 1

Thank you for completing this form. We ask for feedback about our social work students so that the student can learn about what they did well and what areas they need to develop further.

Please mark the appropriate box for each statement, using the five-point scale - 1 = strongly disagree, 5 = strongly agree

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 |
| The student understood me and my situation |  |  |  |  |  |
| I had the opportunity to share my views  |  |  |  |  |  |
| The student was clear in how they discussed what support could be offered to me |  |  |  |  |  |
| The student listened to me |  |  |  |  |  |
| The student was professional in their behaviour |  |  |  |  |  |
| The student was open and honest with me |  |  |  |  |  |
| The student gave me helpful information about services and what support might be available for me |  |  |  |  |  |
| Overall, the student handled the meeting well |  |  |  |  |  |
| Please note any other comments you have about the student and their practice here: |

|  |  |
| --- | --- |
| Student’s name: |  |
| Date of direct observation: |  |
| Name of person collecting the feedback: |  |
| Date feedback collected (if different from above): |  |

### Feedback form 2

Thank you for completing this form. We ask for feedback about our social work students so that the student can learn about what they did well and what areas they need to develop further.

|  |
| --- |
| 1. How would you describe the student’s attitude and approach toward you?
 |
|  |
| 1. How well did the student explain their role and the purpose of the meeting?
 |
|  |
| 1. How well did the student communicate with you, and did they give you enough opportunity to ask questions?
 |
|  |
| 1. Did the student follow through on what they said they would do?
 |
|  |
| 1. What could the student do to improve their practice?
 |
|  |
| 1. Please note any other comments you have about the student and their practice here:
 |
|  |

|  |  |
| --- | --- |
| Student’s name: |  |
| Date of direct observation: |  |
| Name of person collecting the feedback: |  |
| Date feedback collected (if different from above): |  |

### Feedback form 3

Thank you for completing this form. We ask you to tell us about the student, and how they are working with you, so that the student can learn about things they are doing well, and areas they need to work on.

Please mark the emoji that best captures how you feel.

|  |  |  |
| --- | --- | --- |
| Do you know who the student is (their name and what they do for a job)? | A yellow smiley face with black outline  Description automatically generatedYes | A yellow face with black lines  Description automatically generatedNo |
| Do you know why the student came to see you? | A yellow smiley face with black outline  Description automatically generatedYes | A yellow face with black lines  Description automatically generatedNo |
| Did the student listen to you? | A yellow smiley face with black outline  Description automatically generatedYes | A yellow face with black lines  Description automatically generatedNo |
| How easy was it to understand what the student was saying to you? | A yellow smiley face with black outline  Description automatically generatedEasy | A yellow face with black lines  Description automatically generatedOK | A yellow face with black outline  Description automatically generatedHard |
| How easy was it to talk with the student?  | A yellow smiley face with black outline  Description automatically generatedEasy | A yellow face with black lines  Description automatically generatedOK | A yellow face with black outline  Description automatically generatedHard |
| Is there anything you want the student to know about you or about the meeting you had with them? |  |

|  |  |
| --- | --- |
| Student’s name: |  |
| Date of direct observation: |  |
| Name of person collecting the feedback: |  |
| Date feedback collected (if different from above): |  |

### Feedback form 4

Thank you for completing this form. We ask for feedback about our social work students so that the student can learn about what they did well and what areas they need to develop further.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 |
| 1. How would you rate the quality of service you received?
 | Very poor | Poor | Good | Excellent |
| 1. Did you get the kind of service you wanted?
 | No, definitely not. | Not really | To some extent | Yes, definitely. |
| 1. To what extent has the student met your needs?
 | None of my needs have been met | Some of my needs have been met | Most of my needs have been met | Almost all of my needs have been met |
| 1. If a friend were in need of similar help, would you recommend they contact this service?
 | No, definitely not. | Probably not | Maybe | Yes, definitely. |
| 1. How satisfied are you with the amount of help you received?
 | Very dissatisfied | Quite dissatisfied | Quite satisfied | Very satisfied |
| 1. Have the services you received helped you to deal more effectively with your problems?
 | No, they made things worse. | Not really | To some extent | Yes, definitely. |
| 1. In an overall, general sense, how satisfied are you with the service you received?
 | Very dissatisfied | Quite dissatisfied | Quite satisfied | Very satisfied |
| 1. I would contact social services again in the future if I needed help again
 | Strongly disagree | Disagree | Agree | Strongly agree |
| Please note any other comments you have about the student and their practice here: |

|  |  |
| --- | --- |
| Student’s name: |  |
| Date of direct observation: |  |
| Name of person collecting the feedback: |  |
| Date feedback collected (if different from above): |  |

*Note*: A version of this form has been widely used to gather feedback from people around the world across various services. For comparison, the table below shows the overall scores for different types of services, calculated by taking the average of responses for all items.

|  |  |  |  |
| --- | --- | --- | --- |
| Type of service | Number of people giving feedback | Overall score | Source |
| Community mental health | 62 | 3.02 | Attkisson and Zwick, 1982 |
| Psychiatric counselling | 24 | 2.70 | Bishop et al, 2002 |
| Child and adolescent mental health services | 15 | 3.49 | Byalin, 1993 |
| Substance misuse services | 262 | 3.03 | De Brey, 1983 |
| Alcohol misuse services | 208 | 3.46 | Dearing et al, 2005 |
| Mental health crisis intervention | 260 | 2.85 | Johnson et al, 2005 |
| Child and family social work services | 500 | 2.43 | Wilkins and Forrester, 2022 |