Peep feedback form - parents, carers and children (3 topics)

Name of Peep session: Date: Your child’s age: Your initials:

**Please circle a face and add a comment if you’ve tried or noticed anything after a Peep session:**

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| --- |
| I understand more about how **imaginative play with puppets** can support my child’s communication. |
| Didn’t attend this session:  Strongly Agree Not sure Disagree Strongly  **agree** **disagree** |
| Have you learned, tried or noticed anything about this with your child? *Yes | No*  **Comments**: |
| I understand more about how I can help my child develop **good listening skills** |
| Didn’t attend this session:  Strongly Agree Not sure Disagree Strongly  **agree** **disagree** |
| Have you learned, tried or noticed anything about this with your child? *Yes | No*  **Comments**: |
| I understand more about how I can help my child **become a confident talker** |
| Didn’t attend this session:  Strongly Agree Not sure Disagree Strongly  **agree** **disagree** |
| Have you learned, tried or noticed anything about this with your child? *Yes | No*  **Comments**: |

Thank you. (v1.3) www.peeple.org.uk