

Family Exiting Survey

Dea	ar Parents, To he		sure we	are mee	eting the	needs o	of all fam	ilies we	kindly as	sk that yo	u fill in	this survey.		
	At what centre did your child/ren attend? (Please circle)													
	Girraween			-	Toongabbie West				Beresford Road			Greystanes		
	On a scale of 1 to 10, how satisfied were you with the overall quality of the care given at the service.													
	Very Satis	sfied 1	2	3	4	5	6	7	8	9	10	Dissatisfied		
	Did you f	ind the s	taff wer	e approa	ichable a	and frier	ndly towa	ırds you	r child/re	n and fan	nily?	Yes /	No	
001														
Cor	Did you f	ind the g	ames a	nd activi	ties prov	rided we	ere suitab	ole for yo	our child/	ren?		Yes /	No	
COI														
				r child/re	n from t	he servi	ce?							
□ Cor	Would young				-	-						Yes /		
	Do you h													
Nar	me (option	al)												

We wish you and your family all the best.

Thankyou for taking the time to complete this survey, please fax to 9896 1466 or post to PO box 768 Toongabbie 2146.