



Child Exit Survey

Name (optional): _____ Age: _____

What service did you attend? _____

What is your favourite memory of your time spent at the service?

What was the activity you most enjoyed at the service

Tell us something you did not really like to do at the service

If there was one thing you could change about the service, what would it be? and why?

Is there anything else you would like to tell us?

Thankyou for taking the time to fill out this survey, we wish you the best.