****

**Date:**

**Name:**

**NEWPIP – Final Parent Evaluation**

Looking back on your answers on your initial questionnaire about your **feelings and** **worries** and **what you hoped might be different** – have things changed during your work with NEWPIP?

**Please circle how big a concern these feeling and worries are to you now.**

Tiny Medium Huge

If your baby/young child could tell you, do you think they would say that **things have changed?**

**Overall, do you feel that your relationship with your baby/young child has:**

Become much more difficult

Become a little more difficult

Stayed the same

Improved a little

Improved a lot

**Did you find the work with NEWPIP** (please tick one)

Made the situation much worse

Made the situation a little worse

Made no difference

Made the situation a little better

Made the situation much better

**Which of the below did you find most helpful? Please tick as many as you wish.**

Thinking about how events from your childhood might be affecting you now

A chance to discuss your child

Thinking about the relationship between you both

Information about child development

Being helped to see your child’s point of view

A sense that you were understood

Some time to focus just upon your child and yourself

A space to explore worries and difficult feelings

**Did you find anything unhelpful?** Yes  No

**Please comment below. We value all feedback in order to improve our service.**

**Can we contact you in 6 months’ time to ask how the relationship is between you and your child?**

**Yes  No**

**By phone  By Post**

**Do we have your permission to anonymously use your comments from this and your initial evaluation to promote our service? Yes  No**

**Thank you for taking the time to complete this evaluation.**