

Social Work Evaluation

The following information helps us to improve our services and also helps us to gather information to support us in apply for funding to continue supporting people and families. It also gives you a chance to think about the changes which you may have made in your life.

Name of Social Worker (optional)

Since you engaged with your social worker has there been a change to:

	Less		Same		More
How physically fit and well you feel?	1	2	3	4	5
Your energy levels?	1	2	3	4	5
How confident you feel?	1	2	3	4	5
How well you cope with or manage your emotions?	1	2	3	4	5
Your ability to manage yourself when faced with conflicts/disagreements?	1	2	3	4	5
How well you relate with other people?	1	2	3	4	5
How connected you feel to people around you?	1	2	3	4	5
The amount of motivation you have to do things?	1	2	3	4	5
How much enjoyment or fun you get out of life?	1	2	3	4	5

What changes have you noticed in your life?

What changes have you made in your life?

If you are a parent please answer the following.

Do you think your children:	Worse		Same		Better
Have noticed a change in you?	1	2	3	4	5
Have noticed a change in the family atmosphere?	1	2	3	4	5
Have noticed a change in how you interact with them?	1	2	3	4	5
Appear to have more settled behaviour?	1	2	3	4	5

If there has been a change, can you describe what that is?

Thinking about your social worker:

	Not at all		Okay		Very much
I felt listened to	1	2	3	4	5
I felt supported	1	2	3	4	5
I was helped to develop new ideas, skill, or strategies	1	2	3	4	5
I made progress on my goals	1	2	3	4	5
Would you recommend your social worker to others?	1	2	3	4	5

Are there any other comments about your experience with your social worker or our service you would like to make?

I give permission for my unnamed comments to be used to help develop Catholic Social Services programmes. **Yes / No**

_____ Signed _____ Date

Thank you for your time completing this evaluation.