

Family Name: \_\_\_\_\_

PFL Number (If known): \_\_\_\_\_

Start Date: \_\_\_\_\_

Date of last Home Visit: \_\_\_\_\_

## Was this form:

Completed with home visitor (note particular reasons at end) ☐

Completed by family alone ☐

## Part A: Exit Plan

### 1. Can you share with us why you are leaving the programme?

Programme Completed ☐

Moving to different area ☐

Personal reasons (do not wish to state) ☐

No longer need the programme ☐

Returned to work ☐

Parent medical issue ☐

Child medical issue ☐

Disengaged without contact ☐

Other (Please specify) \_\_\_\_\_

### Comments:

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### 2. Are you linked to any other services?

Yes

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No

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**3. Do you currently have an active interagency support plan, a Meitheal, or a Tusla Case Plan?**

Yes

☐

No

☐

**Comments:**

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**4. Is there any support you would like or need before you finish your time on the programme?** (Note: we want to ensure smooth transitions to other services if needed and will do our best to support this)

Yes

☐

No

☐

**Comments:**

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Visitor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notes:**

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## Part B: Feedback/Feed Forward

To help us improve the service so we can make it better for people attending the programme, now and in the future, please tell us what you think. We welcome your feedback!

### 5. How much do you agree or disagree with the following about the PFL Home Visiting Programme?

|                                                                            | 1<br>(Disagree) | 2 | 3 | 4 | 5<br>(Agree) |
|----------------------------------------------------------------------------|-----------------|---|---|---|--------------|
| The support was interactive and encouraged me to participate               |                 |   |   |   |              |
| The topics we discussed were relevant to me                                |                 |   |   |   |              |
| Any content provided was organised and easy to follow (such as tip sheets) |                 |   |   |   |              |
| There was enough time                                                      |                 |   |   |   |              |
| The home visits met my needs                                               |                 |   |   |   |              |
| I recommend the PFL Home Visiting Programme to a friend                    |                 |   |   |   |              |
| I would come back again if I was pregnant                                  |                 |   |   |   |              |

### 6. How much do you agree or disagree with the following about the PFL Home Visiting Programme?

|                                                                                                    | 1<br>(Not satisfied) | 2 | 3 | 4 | 5<br>(Satisfied) |
|----------------------------------------------------------------------------------------------------|----------------------|---|---|---|------------------|
| In an overall, general sense, how satisfied are you with the home visiting sessions you availed of |                      |   |   |   |                  |

**7. What was it you liked in particular?**

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**8. What could have been improved?**

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**9. Is there anything else you would like to add?**

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Belcamp Village Centre, Darndale, Dublin 17, or alternatively you can email it to us at  
[PFL.Info@nspartnership.ie](mailto:PFL.Info@nspartnership.ie).