

**ASSIST**  
**(Autism & Sensory Support in Staffordshire)**

ASSIST, Specialist Support Service,  
2 Staffordshire Place,  
Tipping Street,  
Stafford, ST16 2DH

Telephone: (01785) 356835  
Fax: (01785) 356841  
Email: [assist@staffordshire.gov.uk](mailto:assist@staffordshire.gov.uk)  
Website: [www.staffordshire.gov.uk](http://www.staffordshire.gov.uk)

**We aim to provide the best possible service for our customers.**

**If you have used any of our services your feedback will help us to evaluate our provision.**

**Thank you for your time.**

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**Date of Support:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Name of ASSIST Staff Member(s):** \_\_\_\_\_

**Which service have you used?**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> BSL Interpreter      | <input type="checkbox"/> Lipspeaker                  | <input type="checkbox"/> DeafBlind Manual/Hands-on    |
| <input type="checkbox"/> Notetaker (Manual)   | <input type="checkbox"/> Relay Interpreter           | <input type="checkbox"/> Communication Support Worker |
| <input type="checkbox"/> Electronic Notetaker | <input type="checkbox"/> Braille/Voice Transcription | <input type="checkbox"/> Other: _____                 |

**What did you require us for?**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> DP Support     | <input type="checkbox"/> Medical Appointment | <input type="checkbox"/> Education (Further or Higher) |
| <input type="checkbox"/> Legal/Judicial | <input type="checkbox"/> Access To Work      | <input type="checkbox"/> Other: _____                  |

**Did you book direct through the ASSIST office?**

- Yes  No

**If yes, was the booking process easy?**

- Yes
- No ~ please explain why: \_\_\_\_\_

**Did the ASSIST staff member(s) arrive on time?**

- Yes
- No ~ were you informed of the delay?  Yes  No

**Was the ASSIST staff member(s) dressed appropriately?**

- Yes  No

**Do you feel you were you able to communicate effectively?**

- Yes  No



**How would you rate the ASSIST Service overall?**

- Excellent
- Good
- Average
- Poor
- Very Poor

**Your Feedback (continued)**

Please use this box for any comments, compliments, complaints or any other suggestions:

**(Optional) You may use the box below to record your personal details:**

Name:

  

Email:

  

Telephone:

  

Address:

**Thank you for taking time to complete this feedback from.**

Please return to:

By Post: ASSIST, Specialist Support Service, 2 Staffordshire Place, Tipping Street,  
Stafford, ST16 2DH

By Email: [assist@staffordshire.gov.uk](mailto:assist@staffordshire.gov.uk)