|  |  |
| --- | --- |
| **Name:** | **Date:** |
| **Setting:** | **Job role:** |

***Please rate how confident you feel about the following:***

**1 = not confident / 10 = very confident**

* 

***The information you provide will help us to provide the correct support.***

**1. Your awareness of the importance of sharing stories with children?**

Prior to the play & stay session

  1 2 3 4 5 6 7 8 9 10 

 After the play & stay session

  1 2 3 4 5 6 7 8 9 10 

**2. Your understanding of what activities parents can use at home to impact children’s communication and language skills?**

Prior to the play & stay session

  1 2 3 4 5 6 7 8 9 10 

 After the play & stay session

  1 2 3 4 5 6 7 8 9 10 

**3. Your Knowledge of ways to help children develop speech, language and communication skills?**

Prior the play & stay session

  1 2 3 4 5 6 7 8 9 10 

 After the play & stay session

  1 2 3 4 5 6 7 8 9 10 

**4. Your confidence in supporting staff/parents to help children’s communication and language to develop?**

Prior to the play & stay session

  1 2 3 4 5 6 7 8 9 10 

 After the play & stay session

  1 2 3 4 5 6 7 8 9 10 

**5. Your confidence in delivering the session in your setting in the future after today’s session?**

Prior to the play & stay session

  1 2 3 4 5 6 7 8 9 10 

 After the play & stay session

  1 2 3 4 5 6 7 8 9 10 

**If you circled that you are ‘not very confident’ please can you tell us why?**

Any Comments:

Any additional comments?

***Thank you for taking time to complete this questionnaire***