**Grange Primary School
Outside School Hours Care**

**39C Jetty Street, Grange Phone & Fax: 8353 4917**

**Term Information/Feedback Survey**

**To be completed by Parent & Child together**

***Please return to OSHC***

You may place your name on the line provided if you like

**1. Are you happy with the service being provided?**

All of the time some of the time not at all

Comment:

1. **Does your child/ren speak about things they do at OSHC?**

All of the time some of the time not at all

Comment:

1. **Does your child/ren enjoy eating from the OSHC food menu?**

All of the time some of the time not at all

Comment:

1. **Are you happy with the level of safety the staff are providing?**

All of the time some of the time not at all

Comment:

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**My Interests Survey - Child**

**To Be Completed with Parent or Guardian**

***Please return to OSHC***

**Name: Age:**

**How many Siblings do you have if any?**

**Do you have a pet?**

**Favourite Foods?**

**Favourite Toy?**

**Favourite Board Game?**

**Favourite TV show?**

**What is your favourite Indoor Activity?**

**What are your Hobbies or Interests?**

**What is your favourite excursion?**

**What activities don’t you like?**

**OSHC Use Only:** *Evaluation*