



Immunisation Session Evaluation

School..... Date.....

Name.....Are you our school link: Yes/No

Job title.....

Please fill in this evaluation form for the Immunisation Team. All feedback that we receive will help shape and develop the service that we provide.

Please use the scale to answer the below questions with 0 being poor and 10 being excellent

Do you feel the immunisation team were friendly and approachable?	0 1 2 3 4 5 6 7 8 9 10
How would you rate the communication that you received from the immunisation team prior to the session? (Telephone contact, emails etc)	0 1 2 3 4 5 6 7 8 9 10
How would you rate the delivery of the session?	0 1 2 3 4 5 6 7 8 9 10
Do you feel as our school link you have been provided with sufficient knowledge to promote the vaccine programme we have delivered? (Vaccine information, Portal, schedules and processes)	0 1 2 3 4 5 6 7 8 9 10
How would you rate the School Aged Immunisation Service overall?	0 1 2 3 4 5 6 7 8 9 10

What methods of communication do you use to contact parents/carers regarding the session today? Please circle

Text / Email / Newsletter / Parent Portal /Digital signage/ Notice board

Did you or a colleague present the health promotion PowerPoint/video to the applicable cohort? ***Yes/No***

If yes how did you find this?

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How do you feel is the most effective way to deliver health promotion to both parents/carers and young people within your school? Please circle

Assembly delivered by immunisation team/ Power point delivered by yourselves/ Health promotion stand in school/ Open day to promote service/Other:

Please state

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Please use the box below to indicate how you feel we could improve the service we deliver or to highlight any specific areas that have impacted on the delivery of this specific session?

Thank you for taking the time to complete this.

Office use only: