_____ Residence Student Feedback Form

Name _____ Start Date _____

Write a number in each box to show how you are feeling about each of these areas. The number can be any number from 1 to 10. 1 is very bad, and 10 is very good, and 5 is just OK.

Item	Area	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10
1	I feel safe here										
2	I am happy here										
3	I feel cared for										
4	I feel healthy										
5	I am happy with my bed and room										
6	I get on with my room mate										
7	I get on with other students										
8	There are lots of things to do here during the week.										
9	The weekend activities are good										
10	Breakfast is good										
11	Lunch is good										
12	Dinner is good										
13	I get enough food										
14	I'm OK with my duties										
15	School is OK										
16	I get on with school staff										
17	I get on with residence staff										
18	Homework is OK										
19	Contact with my family										
20	I have the things I need										