

Feedback Questionnaire: 1 Week

Ex-offender's name:	
Church name:	
Team member's name:	

1st contact

- 1) Did you meet the ex-offender at the gate?

yes	no
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- 2) Has contact been made with the ex-offender yet, if not, why?

Re-offending

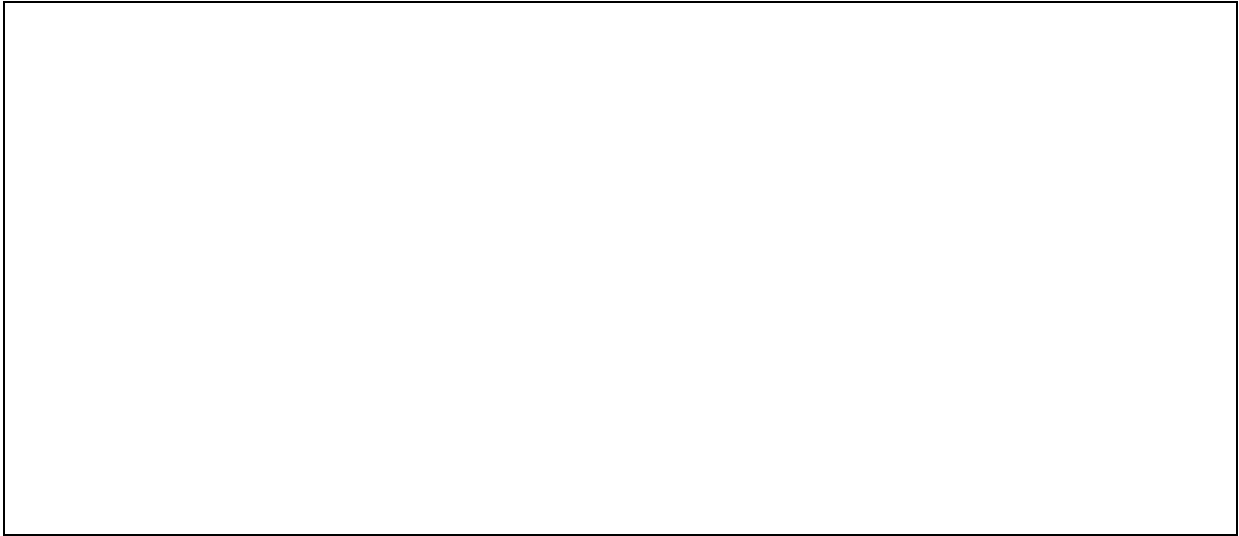
- 1) Has the individual re-offended since being linked with you? If so, can you provide us with any information you have regarding this? (offence, prison, date)

Attitude thinking and Behaviour

- 2) On a scale of 1-7 how would you describe the ex-offender's current attitude, thinking and behaviour about reintegration and rehabilitation issues? (1 being lowest, 7 being highest)

1	2	3	4	5	6	7
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Extra information

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