**SEND Area Ofsted CQC Joint Inspection**

**Feedback sheet/record of meeting**

**To be returned to [insert name and email address]**

|  |  |
| --- | --- |
| **Name of officer completing feedback form:** |  |
| **Meeting Number:** |  |
| **Date of meeting:** |  |
| **Name(s) of inspector(s):** |  |
| **List of other people present:** |  |
| **Meeting topic:** |  |
| **Summary of the meeting and how you feel it went: what went well; what went not so well?** |
|   |
| **Summary of areas covered** |
|  |
| **What documents did you give to the inspector (if any)? Please ensure you provide copies with your feedback** |
|  |
| **What do you think are the key messages the inspector will take away from the meeting?** |
|  |
| **Are there any follow up actions (e.g. agreement to forward documents/further information)?** |
|  |
| **Additional comments** |
|   |