

Client Satisfaction and Service Evaluation

Please indicate your level of agreement/disagreement to the following statements by circling the number which best describes your experience.

		Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
1.	I would rate highly the overall quality of the developmental therapy/IBI services my child receives.	4	3	2	1	N/A
2.	Once I applied for services, my child experienced quick and convenient service start-up.	4	3	2	1	N/A
3.	Prior to receiving services, I was adequately informed about these services.	4	3	2	1	N/A
4.	I have adequate opportunity to ask questions and provide information about my child and feel my input is valued.	4	3	2	1	N/A
5.	The services provided relate to and address our family's needs/concerns.	4	3	2	1	N/A
6.	I understand the goals and objectives of my child's therapy.	4	3	2	1	N/A
7.	I am involved in all important decisions regarding my child's treatment.	4	3	2	1	N/A
8.	I would rate the attitude of the professionals with whom I deal with as warm and caring.	4	3	2	1	N/A
9.	Staff I work with are competent and professional.	4	3	2	1	N/A
10.	The services are effective and helpful to my child and family.	4	3	2	1	N/A
11.	The treatment methods are a 'fit' with my family's life experiences, background and culture.	4	3	2	1	N/A
12.	The services are provided at times and locations that are convenient for my child and family.	4	3	2	1	N/A
13.	I have or would recommend services of this type to others or utilize them again for my family.	4	3	2	1	N/A
14.	The services have produced positive results for my child and family.	4	3	2	1	N/A
15.	I like the services my child and my family receives here.	4	3	2	1	N/A
16.	If I had other choices, I would still receive my services from this agency.	4	3	2	1	N/A
17.	Staff were willing to see me as often as I felt necessary.	4	3	2	1	N/A
18.	Staff returns my calls within 24 hours.	4	3	2	1	N/A
19.	I feel comfortable asking questions about my child's therapy.	4	3	2	1	N/A
20.	I feel free to complain or discuss concerns.	4	3	2	1	N/A
21.	I was given information about my rights.	4	3	2	1	N/A
22.	Staff respects my wishes about who is and who is not to be given information about my child's treatment.	4	3	2	1	N/A
23.	I was a part of the decision making process when identifying goals for my child's therapy.	4	3	2	1	N/A
24.	Staff helps me obtain the information I need so that I can learn more about my child's disability.	4	3	2	1	N/A
25.	My child and family has benefited from these services.	4	3	2	1	N/A
26.	I've had all of my questions/concerns answered/addressed in collateral contact or consultation	4	3	2	1	N/A

Please feel free to write any additional comments or feedback on the back of this form. Thank you for your participation!

_____ Signature (not required)