

THE CHILD CENTER CLIENT SATISFACTION SURVEY

Client Name: _____

Date: _____

Person completing this form/relation to client:

Thank you for taking the time to evaluate the services you have received at The Child Center. Your feedback is very important to us and can help us provide the best service possible to our clients and their families. Please answer the following questions using the scale provided. There is also a section for additional comments, concerns and suggestions on the back of this form. While it is helpful for us to know who is completing this form, you may choose to keep this survey anonymous if that is more comfortable for you.

5 - Strongly Agree 4 - Agree 3 - Neutral 2 - Disagree 1 - Strongly Disagree

1. The length of time I had to wait for my child or myself to enter the program was reasonable.	5	4	3	2	1
2. I feel valued and respected when talking with staff.	5	4	3	2	1
3. I find that communication with staff is helpful and frequent enough.	5	4	3	2	1
4. I feel involved in my/my child's counseling.	5	4	3	2	1
5. My treatment goals reflect what is important to me.	5	4	3	2	1
6. I am able to talk freely with my therapist, free of judgement.	5	4	3	2	1
7. I was assisted in developing a support system.	5	4	3	2	1
8. Services are provided at a time and location convenient to me.	5	4	3	2	1
9. If in crisis, I feel informed regarding the crisis services available to me.	5	4	3	2	1
10. I have/My child has a positive connection with my therapist	5	4	3	2	1
11. I am finding counseling to be helpful for me and my family.	5	4	3	2	1
12. I would recommend this program to a friend.	5	4	3	2	1

(continued on back)

If you had an Assessment today, please complete the following questions:

5 - Strongly Agree 4 - Agree 3 - Neutral 2 - Disagree 1 - Strongly Disagree

1. I felt like my concerns were addressed.	5	4	3	2	1
2. I am comfortable with the plan for treatment.	5	4	3	2	1
3. I was informed of my rights regarding counseling.	5	4	3	2	1

If you have any additional concerns or suggestions, please feel free to include those in the space below.

Do you have any additional needs that are not being met (for example access to our food pantry, clothing, connection to community resources, etc.)?
