



PROGRAM:	_____
WORKER:	_____
DATE:	_____

We value your opinions! In an effort to serve you better, we ask that you answer these questions about the services you have received. Please take a few minutes to give us your opinion.

FAMILY CLIENT SATISFACTION SURVEY

Write the number that best matches your response to the questions below						
7	6	5	4	3	2	1
Strongly Agree			Agree			Strongly Disagree

- _____ 1. The agency facilities (including foster homes) were clean and comfortable.
- _____ 2. I felt my child/family was safe and protected while in the program.
- _____ 3. The staff were courteous and friendly to my child/family.
- _____ 4. The staff listened to my concerns and were willing to discuss my child's/family's problems.
- _____ 5. My confidentiality and privacy were respected by staff.
- _____ 6. The services were available when needed.
- _____ 7. My child/children got the help he/she needed.
- _____ 8. My family got the help we needed.
- _____ 9. The program's rules and structure were clear to me.
- _____ 10. I was pleased with the plan the agency staff helped me and my child make.
- _____ 11. Overall, I am pleased with my child's/family's experience and progress in the program.
- _____ 12. I would ask for additional help from this program in the future if needed.
- _____ 13. The staff were sensitive to racial and cultural differences.
- _____ 14. I would refer an acquaintance or another member of my family to this program.

Your age:

- _____ 12 – 20
- _____ 21 – 30
- _____ 31 – 40
- _____ 41 – 50
- _____ 51 – 60
- _____ 60 & older

Race:

- _____ Caucasian
- _____ African-American
- _____ Hispanic
- _____ Asian
- _____ Other

Sex:

- _____ Female
- _____ Male

Thank you for your time and participation!
If you have addition comments please put them on the back of this page!