# Client Satisfaction Survey

Please fill out our brief Client Satisfaction Survey. All of us at Special Care for Families would like to thank you for using our services. We welcome your feedback regarding the care that you receive from us.

1. I am satisfied with Special Care for Families staffing:

   ☐ Agree ☐ No Opinion ☐ Disagree

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2. I feel the staff members had the skills necessary to care for me:

   ☐ Agree ☐ No Opinion ☐ Disagree

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3. I am satisfied with the quality of services I received:

   ☐ Agree ☐ No Opinion ☐ Disagree

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4. I am satisfied with Special Care for Families Supervisory staff

   ☐ Agree ☐ No Opinion ☐ Disagree

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5. The staff was helpful and addressed any issues promptly and respectfully:

☐ Agree ☐ No Opinion ☐ Disagree

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6. How satisfied are you with our services overall?

☐ Satisfied ☐ Neutral ☐ Dissatisfied

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7. I would recommend Special Care for Families services to friends and/or family:

☐ Agree ☐ No Opinion ☐ Disagree

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8. I am satisfied with my child's Individual Autonomy afforded to them at Special Care Programs:

☐ Agree ☐ No Opinion ☐ Disagree

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9. I find my child to be properly integrated into the community while attending Special Care Programs:

☐ Agree ☐ No Opinion ☐ Disagree

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10. I find that Special Care Programs support mine and my child's general choices:

☐ Agree ☐ No Opinion ☐ Disagree

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11. I find that Special Care Programs promote my child's rights:

☐ Agree ☐ No Opinion ☐ Disagree

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12. I feel that my child's privacy rights are protected while attending Special Care Programs

☐ Agree ☐ No Opinion ☐ Disagree

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13. I am happy with the level of person centered practice that my child receives at Special Care Programs

☐ Agree ☐ No Opinion ☐ Disagree

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Additional suggestions you would like to share...



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Date:_____

Name First:_____ Last:_____ Email:_____