

Comprehensive Services Act Parent Satisfaction Survey

Please take a minute to complete this survey about your service provider. Please return to the FAPT or to our business office. Your comments are important to us.

Age of child: _____ Provider name: _____
 Gender: _____ Race: _____ Type of service: _____
 Your relationship to child: _____ Length of service: _____

		Poor 1	Fair 2	No Opinion 3	Good 4	Excellent 5
1	The service provider involved me in all decisions about services my child received.					
2	The service provider kept me informed.					
3	The service provider respected me as the person who knows my child best.					
4	The service provider kept all scheduled appointments.					
5	The service provider was respectful of my home and cultural beliefs.					
6	The service provider gave me information about community resources for my family.					
7	The service provider helped my family build a support network.					
8	My child's behavior has improved.					
9	The services I received helped my family.					
10	I have gained a better understanding of my child's needs.					
11	I am better able to manage my child's behavior.					
12	I was pleased with my service provider.					
13	I would recommend this service provider to other families.					
14	Additional comments _____ _____ _____ _____					

Return Address