

FAMILY SUPPORT SERVICES OF NORTH IDAHO

CONSUMER SATISFACTION SURVEY

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

Participant's name: _____

Provider's name: _____

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
I would rate highly the overall quality of services my child and family received.						
My child and family experienced quick and convenient service start-up.						
My family had adequate opportunity to ask questions and provide information and felt our input was valued.						
The services provided related to and addressed our families needs/concerns.						
We understood the goals and objectives of our family's treatment plan.						
My family was involved in all important decisions regarding our treatment.						
I would rate the attitude of the professionals with whom I dealt as warm and caring.						
Providers we worked with were competent and professional.						
The services were effective and helpful to my child and family.						
These services were a "fit" with my family's life experiences, background and culture.						
The services were provided at times and locations convenient for my family.						
I would recommend service of this type to others.						
I want to continue receiving services from this agency for the time being.						

Additional Comments:

(optional)

Signature

Date