

## Parents' /Family/ Guardian Satisfaction Survey



Your feedback is very important to us. In order for us to better serve you; we would like to get input regarding your satisfaction of our services to you as a family member. Please complete the following survey and return it by mail or fax it to 410-796-1201.

		Unsatisfactory 1	Below Expectation 2	Meets Expectation 3	Above Expectation 4	Outstanding 5
1	It is easy for my family member to get the services that he/she thinks he/she needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	If a friend or family member were in need of services, I would recommend Center for Social Change.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	My family member's staffs are available when he/she needs them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	My family member's wishes about who should, and who should not, receive information about his/her services are respected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	My family member participates in creating his/her Individual Plan, and his/her wishes are respected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	My family member is treated with dignity and respect by Center for Social Change staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	My family member's staff is willing to help him/her when he/she feels that he/she needs help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	As a result of the services my family member receives, he/she is better able to control his/her life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	My family member's staff shares information with him/her about services in the community that could help him/her.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	My family member's staff help him/her achieve his/her goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any comments or suggestions for improvements? \_\_\_\_\_

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If you have any questions, please feel free to contact Dana Dimas (Director of Programs) @ 410-579-6789 or [dana@centerforsocialchange.org](mailto:dana@centerforsocialchange.org).