

CONCERNED, INC.

**SATISFACTION SURVEY FOR FAMILIES OF PERSONS SERVED**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please rate each of the following statements concerning the services you receive or observe from Concerned, Inc.

	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Agree</u>	<u>Strongly Agree</u>
1. I am kept informed on the progress of the person served.	1	2	3	4
2. Concerned, Inc. provides the services outlined in the client's Individual Plan.	1	2	3	4
3. I am treated courteously by the staff at Concerned, Inc.	1	2	3	4
4. I feel the person served receives quality services.	1	2	3	4
5. I know whom to contact if I have questions regarding services being offered by Concerned, Inc.	1	2	3	4
6. The staff at Concerned, Inc. are competent and knowledgeable about my needs.	1	2	3	4
7. I can contact Concerned, Inc. when I have a problem or question & receive assistance in a timely manner.	1	2	3	4
*8. Concerned, Inc.'s Job Coaches spend enough time with the person served (for Community Employment Clients only).	1	2	3	4

How do you rate our services overall?      **EXCELLENT**      **GOOD**      **FAIR**      **POOR**

**Do you have any other comments or questions that we can help you with at this time?**

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**Thank you very much for taking the time to complete this questionnaire! Your answers and input are extremely important to us. We will use this information to provide quality services to you now and in the future.**  
*~Concerned, Inc.*