

# Satisfaction Survey-Please Share!

Thank you for taking the time to fill out this short survey. We are always trying to improve and one of the ways we do that is by getting feedback from people like you! Please share as much as possible so that we might be able to improve services and continue to carry out our Mission and Values!

Name (Optional): \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_ Date: \_\_\_\_\_

How long have you been receiving services? \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Please fill out the following survey by circling the numbers in the right column in correspondence with the question directly to their left.  
*Your insight is key to helping us meet our goals!*

If you circle 1, it means you strongly disagree  
 If you circle 2, it means you somewhat disagree  
 If you circle 3, it means you don't feel strongly either way  
 If you circle 4, it means you somewhat agree  
 If you circle 5, it means you strongly agree

There has been significant improvement in my child's targeted behaviors and skills since starting.	1	2	3	4	5
The staff is helpful, knowledgeable, and easy to understand as it relates to my child's symptoms.	1	2	3	4	5
The staff have helped me to become an active part in my child's growth and services.	1	2	3	4	5
The staff is dependable and responsive to my needs (I can get in touch with someone when needed).	1	2	3	4	5
The staff are professional, friendly and approachable.	1	2	3	4	5
Therapy and Consultation are started on time and follow the scheduled time.	1	2	3	4	5
The correct behaviors and skills have been targeted on the plan for my child's improvement and the techniques used were reviewed with me.	1	2	3	4	5
I was involved and included in the planning for services outlined in my child's plan.	1	2	3	4	5
The program is sensitive and respectful to people's differences, beliefs, and challenges.	1	2	3	4	5
Behavioral therapy has been an overall positive and quality experience for my child.	1	2	3	4	5
My rights were explained to me in a way I understood them.	1	2	3	4	5
The overall process of receiving services at Genesis has met my needs.					
If I were to seek services again, I would likely use Genesis Behavior Center.	1	2	3	4	5

Is there anything we can do different? What do we do well? What can we improve? Other comments:

Would you like a member of our Quality Assurance Team to call or email you and follow up? \_\_\_ Yes \_\_\_ No  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_