

Person Centered Planning Satisfaction Survey

*Staff to fill out bolded areas below prior to going to consumer

CSSN AGENCY NAME: _____

- **Population** Adults with Mental Illness Children with Mental Illness
- (check one):** Adults with Developmental Disabilities Children with Developmental Disabilities

Date: _____ **Clinic:** _____ **Location:** _____ **Check if Declined**

Please mark one box for each question that best describes how you feel about [Insert name of CSSN _____].

	Question	Strongly Agree 4	Agree 3	Disagree 2	Strongly Disagree 1
1	I am satisfied with my level of involvement with my person-centered plan (such as, where and when the meeting would be held and who I wanted to invite.)				
2	I was given the opportunity to choose the meeting facilitator, including someone who was not a paid staff.				
3	My customs and personal beliefs were respected in making my plan (such as, language, race, and religion).				
4	If there were disagreements during the planning process, please respond to the following: The meeting facilitator or agency staff helped resolve disagreements.				
5	We talked about my strengths.				
6	We talked about how people other than professional helpers might be able to help me achieve my outcomes.				
7	My plan provides me with the amount of services I feel I need.				
7a	If Disagree/Strongly Disagree, I understand the reasons why I was not able to get the amount I feel I need. (Leave Blank if Strongly Agree/Agree with 7 above)				
8	I know what to do if I disagree with my plan.				
9	Overall, I liked the person-centered planning process.				

Things I liked best; things that I'd like to see improved; any other comments:
