

**Consumer Satisfaction Survey for:           (Insert Provider Name)**

**Type of Service Provided: Child Waiver Professional**

Please mark one box for each question below that best describes how you feel about services you are receiving from           (Insert name of Provider)          .

<b><u>Question</u></b>		<b><u>Strongly Agree</u></b> 4	<b><u>Agree</u></b> 3	<b><u>Disagree</u></b> 2	<b><u>Strongly Disagree</u></b> 1
1	This provider is helping me to achieve my goals.				
2	Provider staff help me learn new skills.				
3	Provider staff are sensitive to my ethnic, religious, and cultural back ground.				
4	I am treated with dignity and respect by provider staff.				
5	This provider helps me to feel safe and comfortable.				
6	I would recommend this provider to a friend or family member who needs this service.				
7	Overall, I am satisfied with the services I receive from this provider.				

Things I like best about this provider are:

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Things that I'd like to see improved are:

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Any additional comments:

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Completed by: Consumer Guardian / Parent Other Family / Friend Staff Assisted