

Satisfaction Survey: Youth Community Counseling (CINS/FINS, ICM, FYRAC)

Completed Date: _____

Counselor/Staff: _____

Youth Name/ID: _____

Exit Date: _____



Please circle your response:

Overall, are you satisfied with the services you received?	YES	NO	SOMEWHAT
Our counselor understood how I felt about things.	YES	NO	SOMEWHAT
So far, our counseling has helped me and my family.	YES	NO	SOMEWHAT
I believe that my family and I are better able to solve our problems now.	YES	NO	SOMEWHAT
Our counselor respected my thoughts and feelings.	YES	NO	SOMEWHAT
I was able to get services from this program in a reasonable amount of time.	YES	NO	SOMEWHAT
If I had another problem, I would come back here.	YES	NO	SOMEWHAT
I was regularly informed about services and plans for me and my family.	YES	NO	SOMEWHAT
The staff addressed my counseling needs as soon as possible.	YES	NO	SOMEWHAT

Is there anything else you would like to say about the program?

Is there anything you would recommend that we change or do differently?