

Satisfaction Survey: SNAP (U12 & SNAP for Youth)

Completed Date: _____
 Counselor/Staff: _____
 Youth Name/ID: _____
 Exit Date: _____



Please circle your responses:

Person completing the form: PARENT or GUARDIAN YOUTH

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

In general, how satisfied were you with the SNAP Program?

- Dissatisfied
 Somewhat Dissatisfied
 Undecided
 Somewhat Satisfied
 Satisfied

What skills do you feel were most helpful? (Please choose three)

- Identify Triggers
 Stops and calming strategies
 Understanding Hard Thoughts
 Generating effective plans
 Understanding physiological changes (Body Cues) when angry or upset
 Cool thoughts and coping strategies
 Identifying the critical moment
 Confidence to try a plan
 Ability to make good choices

Do you think SNAP helps people to (Please choose three)

- Get along better with peers
 Get along better with teachers
 Calm themselves when upset
 Get along better with family members
 Be able to deal with conflict
 Be able to identify their triggers