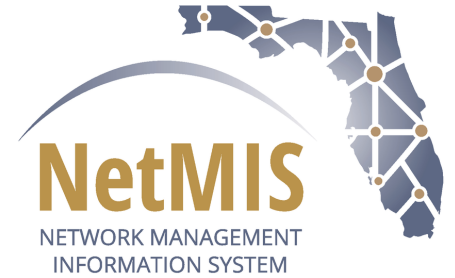


# Satisfaction Survey: Community Counseling (CINS/FINS, ICM, FYRAC)

Completed Date: \_\_\_\_\_  
 Counselor/Staff: \_\_\_\_\_  
 Youth Name/ID: \_\_\_\_\_  
 Exit Date: \_\_\_\_\_



Please circle your response:

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