

# Satisfaction Survey: Parent/ Guardian Shelter (CINS/FINS, DV, Probation)

Completed Date: \_\_\_\_\_

Counselor/Staff: \_\_\_\_\_

Youth Name/ID: \_\_\_\_\_

Exit Date: \_\_\_\_\_



Please circle your response:

Overall, are you and your family satisfied with the services you received?	YES	NO	SOMEWHAT
Our counselor understood how we felt about things.	YES	NO	SOMEWHAT
So far, our counseling has helped our family.	YES	NO	SOMEWHAT
We believe that our family is better able to solve our problems now.	YES	NO	SOMEWHAT
Our counselor respected our thoughts and feelings.	YES	NO	SOMEWHAT
We were able to get services from this program in a reasonable amount of time.	YES	NO	SOMEWHAT
My child felt safe here.	YES	NO	SOMEWHAT
We were regularly informed about services and plans for our family.	YES	NO	SOMEWHAT
The staff addressed our needs as soon as possible.	YES	NO	SOMEWHAT

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

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