



PROMISE Years

Parent

School

Child Care/Community Program

Satisfaction Survey

Occupational Therapy

Physiotherapy

Speech-Language Pathology

Date: _____

Please circle the appropriate number.

	Not Applicable	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Have you received sufficient information about the services available and the referral process?	0	1	2	3	4	5
2. Were you satisfied with the length of time between the referral and the initial contact with your child?	0	1	2	3	4	5
3. Were you informed of who the service provider would be?	0	1	2	3	4	5
4. Did you feel that adequate information is being provided, both in verbal and/or written form?	0	1	2	3	4	5
5. Do you feel the information provided was useful in allowing you to help your child at home?	0	1	2	3	4	5
6. Do you feel confident in the abilities of the therapist?	0	1	2	3	4	5
7. Do you feel that you have been involved in the decisions regarding treatment and been able to contact the therapist to clarify or discuss the recommendations?	0	1	2	3	4	5
8. Do you feel confident that information shared with the therapist is being treated as confidential?	0	1	2	3	4	5
9. Do you the child has improved as a result of this program?	_____ Yes	_____ No	_____ Somewhat			

Do you have any suggestions or additional comments for how we could improve our service?

***Thank you for taking the time to complete this survey.
Your input is very much appreciated.***

To be completed in May of each year. Satisfaction surveys will be distributed by individual clinicians along with a pre-addressed stamped envelope to the Chair of the PROMISE Years Board.