

SPEECH CLIENT SURVEY

*Personal information is optional.

*Please comment for the person receiving services (i.e. self, child, parent)

Date: _____

Name: _____

E-mail Address _____

() Do not add me to the Center's quarterly e-newsletter list.

1. I received: [] Speech Evaluation [] Speech Therapy

2. I rate my experience with the Center based on . . .

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
A. Appointments started promptly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Center facilities were acceptable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Fees for service were affordable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Professionalism of the clinician was appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Professionalism of the receptionist was appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Initial evaluation procedure was explained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. The client's speech is better understood by family and/or friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. The client more effectively communicates wants and needs to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. The client participates more frequently in social situations that include family, friends, groups at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. The client demonstrates improved academic skills including reading comprehension, writing and language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. The speech-language pathologist provided me with information, feedback and recommendations to help my child with his communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. As a parent or client, I am happy with the progress and the overall communication skills I/my child learned at the Center for Hearing and Speech.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. I would recommend the Center to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Why did you choose the Center? _____

4. I was referred by _____

5. The best part about the services I received was... _____

6. How can we change our services to benefit you more? _____

7. Age: ____ years 8. Gender: ____Female ____Male

Thanks for your feedback!

We do not release your address or personal data to anyone.