



Client Satisfaction Survey

Name:

Date:

The purpose of this Client Satisfaction Survey is to check how well Skills4Living did in delivering its service to clients / families and how Skills4Living can continuously improve in delivering our services.

Did we treat you well?

1. I felt I was listen to and understood? – (please circle one answer)

- 1 – strongly disagree
- 2- disagree
- 3- neutral
- 4- agree
- 5- strongly agree

2. I was treated respectfully? (circle one answer please)

- 1 – strongly disagree
- 2- disagree
- 3- neutral
- 4- agree
- 5- strongly agree

Did we help in making a difference for you and / or your family?

3. I'm better at the skill I wanted to learn at Skills4Living?

- 1 – strongly disagree
- 2- disagree
- 3-neutral
- 4- agree
- 5- strongly agree

4. What goals did you achieve while working with us?

How could we do it better?

5. What could we do better to improve our service to you and/or your family?

6. Is there anything else you want to tell us about how we are making a difference for you and/or your family?