

Client Satisfaction Survey

Please take time to answer these questions carefully. This will allow us to provide the best service possible to you. Thank you.

Your Name.....

1. What is the best part of our Service that you like? Why?

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2. What is the worst part of our Service that you do not like? Why?

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3. Do you feel safe and happy at our Centre? Why?

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4. If you have a problem, do you know how to get help? Who do you go to?

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5. Are you getting out in the Community and meeting people?

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6. Do you have enough say at your Individual Support Plan (PCP) meeting?

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7. Do you feel your privacy is looked after?

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8. What future role as a Client, Parent or Carer would you like to play in the development or growth of our Centre?

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9. Do you have any concerns or worries about our Centre in any way?

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10. How do you think these concerns can be addressed? Do you feel that meeting with management 3 times per year is sufficient, if not what do you suggest

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11. Do you have anything further to add to this Survey?

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Thank you for your help with this Survey