



1505 N Alma School Rd
Suite 2
Chandler, AZ 85224
Office: 480.626.4142
Fax: 480.626.7370

Parent / Caregiver Satisfaction Questionnaire

Thank you for taking the time to fill out the following questionnaire. Our goal is to provide the best services possible to you and your family. This candid information will help us know how we can improve upon the services you are currently receiving or have received in the past. Please answer all applicable questions. Your responses will be kept confidential unless you request otherwise.

Name of client: _____

Name of Parent or Caregiver filling out survey: _____

Phone number (day phone): _____

Office/Administration:

Was the office staff courteous and responsive to your needs? Yes No

Did the office staff help in answering all your questions and concerns? Yes No

Was the paperwork understandable? Yes No

Were billing questions answered in a timely manner and to your satisfaction and understanding?
Yes No

Additional Comments on Office Staff and Procedures:

My child receives:

(Please check all that apply and fill in the name of therapist next to the discipline)

Occupational Therapy : _____

Physical Therapy : _____

Speech Therapy : _____

For EACH therapist providing services, please complete the following survey (each is attached on a separate page):

(List the therapists' name and clients' name in the spaces provided)

Therapist Name: _____

Client Name: _____

Place an X in the box that applies. Rating is on a 4 point scale 1= Always, 2= Occasionally 3= Seldom, 4= Never

Performance Criteria	1	2	3	4	Additional Comments:
Timely to scheduled appointments (within reason due to travel and traffic limitations)					
Keeps scheduled appointments (unless sick or personal concern arises)					
Presentable in dress and appearance					
Courteous and sensitive to client/family needs					
Involves you in therapy as much as possible and explains theory behind therapeutic activities being used to your satisfaction					
Provides a home program for family/caregiver to carry out with client on a regular basis					
Does his/her best to motivate the client in therapy goals and make treatment client specific					
Discusses families needs and develops goals accordingly (ie: creates family centered treatment plan)					

Additional Comments regarding this therapy providers services for your child:

Please check if you would like this information shared with the therapist:

Yes

No

Therapist Name: _____

Client Name: _____

Place an X in the box that applies. Rating is on a 4 point scale 1= Always, 2= Occasionally 3= Seldom, 4= Never

Performance Criteria	1	2	3	4	Additional Comments:
Timely to scheduled appointments (within reason due to travel and traffic limitations)					
Keeps scheduled appointments (unless sick or personal concern arises)					
Presentable in dress and appearance					
Courteous and sensitive to client/family needs					
Involves you in therapy as much as possible and explains theory behind therapeutic activities being used to your satisfaction					
Provides a home program for family/caregiver to carry out with client on a regular basis					
Does his/her best to motivate the client in therapy goals and make treatment client specific					
Discusses families needs and develops goals accordingly (ie: creates family centered treatment plan)					

Additional Comments regarding this therapy providers services for your child:

Please check if you would like this information shared with the therapist:

Yes

No

Therapist Name: _____

Client Name: _____

Place an X in the box that applies. Rating is on a 4 point scale where 1= Always, 2= Occasionally 3= Seldom, 4= Never

Performance Criteria	1	2	3	4	Additional Comments:
Timely to scheduled appointments (within reason due to travel and traffic limitations)					
Keeps scheduled appointments (unless sick or personal concern arises)					
Presentable in dress and appearance					
Courteous and sensitive to client/family needs					
Involves you in therapy as much as possible and explains theory behind therapeutic activities being used to your satisfaction					
Provides a home program for family/caregiver to carry out with client on a regular basis					
Does his/her best to motivate the client in therapy goals and make treatment client specific					
Discusses families needs and develops goals accordingly(ie: creates family centered treatment plan)					

Additional Comments regarding this therapy providers services for your child:

Please check if you would like this information shared with the therapist:

Yes

No