



CUSTOMER SATISFACTION SURVEY

You are a VERY important person! Will you let us know how we did?

Today's Date: _____

County in which you LIVE: _____

How did you hear about the Early Learning Program? <input type="checkbox"/> Phone Book <input type="checkbox"/> Newsletter <input type="checkbox"/> Mailing <input type="checkbox"/> Another agency <input type="checkbox"/> Internet <input type="checkbox"/> Word of mouth	RATINGS						COMMENTS OR SUGGESTIONS Please use this space for additional responses. Use back of page if necessary
	Strongly Agree 5	Agree 4	Neutral 3	Disagree 2	Strongly Disagree 1	N/A	
1. I feel the Client Services Counselor valued my opinions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. From my choice of child care sites, I feel comfortable that my child is safe and placed in a supportive child care setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. The Terms and Conditions of the program were clearly stated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. The Client Services Counselor answered all of my questions and possessed a thorough knowledge of the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. The office environment was neat and clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. I received the assistance I requested and the information was helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. I was offered an appointment time convenient with my schedule.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. My phone calls were answered quickly and my messages were returned.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. If I had a complaint, it was handled well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. The Client Services Counselor helped me find other community services (if needed).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Overall, I am satisfied with the services I received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
What do you like about the Early Learning Program?							
What changes would you recommend?							
Name	Phone Number					Best time to reach me	
Name of Client Services Counselor	Date Returned						