

AspireMN  
SATISFACTION SURVEY FOR COMMUNITY PROGRAMS – Mid Treatment  
**CHILD (under 12)**

*For agency use only:*

AspireMN AGENCY NO.

CHILD/CLIENT NO.

Mid Service Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Month   Day   Year

We would like to know what you think about this program. Please answer these questions and help us make our program better.

Please circle the answer that is true for you:

- |  |    |               |            |
|--|----|---------------|------------|
| 1. I am being taken care of  | No | Yes, a little | Yes, a lot |
| 2. I have time for fun   | No | Yes, a little | Yes, a lot |
| 3. Staff help me   | No | Yes, a little | Yes, a lot |
| 4. I feel safe   | No | Yes, a little | Yes, a lot |
| 5. I help choose what I work on  | No | Yes, a little | Yes, a lot |
| 6. People who are important to me are involved in the things I work on | No | Yes a little  | Yes, a lot |
| 7. I am ready to be done   | No | Yes, a little | Yes, a lot |

8. What do you like about the program?

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9. What don't you like?

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