

AspireMN  
SATISFACTION SURVEY FOR COMMUNITY PROGRAMS  
CHILD (under 12)

*For agency use only:*

AspireMN AGENCY NO.

CHILD/CLIENT NO.

End 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 was taken care of   | No | Yes, a little | Yes, a lot |
| 2. I had time for fun  | No | Yes, a little | Yes, a lot |
| 3. Staff helped me   | No | Yes, a little | Yes, a lot |
| 4. I felt safe   | No | Yes, a little | Yes, a lot |
| 7. I helped to choose what I worked on   | No | Yes, a little | Yes, a lot |
| 5. People who are important to me got to be involved in the things I worked on | No | Yes a little  | Yes, a lot |
| 6. I am ready to be done   | No | Yes, a little | Yes, a lot |

7. What did you like about the program?

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8. What didn't you like?

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