

AspireMN
SATISFACTION SURVEY FOR RESIDENTIAL PROGRAMS
CHILD (under 12)

For agency use only:

MCCCA 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. The food was good | No | Yes, a little | Yes, a lot |
| 4. I liked my bed | No | Yes, a little | Yes, a lot |
| 5. Staff helped me | No | Yes, a little | Yes, a lot |
| 6. I felt safe | No | Yes, a little | Yes, a lot |
| 7. I got to see people that are important to me | No | Yes, a little | Yes, a lot |
| 8. I helped to choose what I worked on | No | Yes, a little | Yes, a lot |
| 9. People who are important to me got to be involved in the things I worked on | No | Yes a little | Yes, a lot |
| 10. I am ready to leave | No | Yes, a little | Yes, a lot |

11. What did you like about the program?

12. What didn't you like?
