

AspireMN  
**SATISFACTION SURVEY FOR RESIDENTIAL PROGRAMS**  
**PARENT OR CAREGIVER**

*For agency use only:*

[MCCCA-AspireMN](#) AGENCY NO.

CHILD/CLIENT NO.

End Service Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Month Day Year

We would like to know more about your experience with our program. Please answer these questions and help us make our program better.

For the following questions please indicate if you strongly disagree, disagree, are undecided, agree, or strongly agree with each of the statements below. If the question is about something you have not experienced, check the box for “not applicable” to indicate that this item does not apply.

1. Overall, I am satisfied with the services my child received-----
2. My child had opportunities for recreation-----
3. The food service provided to my child was good-----
4. My child’s bedding/sleeping arrangements were comfortable-----
5. Staff met my child’s medical needs-----
6. Staff met my child’s dental needs-----
7. My child was safe-----
8. I helped to choose my child’s services-----
9. I helped to choose my child’s treatment goals-----
- ~~10. The people helping my child stuck with us no matter what~~
11. I felt my child had someone to talk to when he/she was troubled-----
12. I participated in my child’s treatment-----
13. The services my child and/or family received were right for us-----
14. The location of services was convenient for us-----
15. Services were available at times that were convenient for my family-----
16. My family got the help we wanted for my child-----
17. My family got as much help as we needed for my child-----
18. Staff treated me with respect-----
19. Staff respected my family’s religious/spiritual beliefs-----
20. Staff spoke with me in a way that I understood-----
21. Staff were sensitive to my cultural/ethnic background-----
22. Staff were sensitive to my child’s trauma experience-----
23. Staff helped prepare my child and family for discharge-----

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	N/A
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24. What has been the most helpful thing about the services you and your child received over the last 6 months? \_\_\_\_\_

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25. What would improve the services here?

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26. Is your child currently living with you?

Yes

No

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