

**AspireMN
SATISFACTION SURVEY
PLACING AGENT**

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.

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 client received-----
2. My client helped to choose ~~his/her~~ their services-----
3. My client helped to choose ~~his/her~~ their treatment goals-----
- ~~4. The people helping my client stuck with him/her no matter what~~-----
5. My client had someone to talk to when ~~he/she was~~ they were troubled-----
6. My client participated in ~~his/her~~ their treatment-----
7. The services my client received were right for ~~him/her~~ them-----
8. The location of services was convenient for my client-----
9. My client's family got the help they wanted for my client-----
10. My client's family got as much help as they needed for my client-----
11. Staff treated my client with respect-----
12. Staff respected my client's religious/spiritual beliefs-----
13. Staff spoke with my client in a way that ~~he/she~~ they understood-----
14. Staff were sensitive to my client's cultural/ethnic background-----
15. Staff were sensitive to my client's trauma experience-----

| Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | N/A |
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16. What has been the most helpful thing about the services your client received over the last 6 months? _____

17. What would improve the services here?

DRAFT