

AspireMN
 SATISFACTION SURVEY FOR COMMUNITY PROGRAMS
 YOUTH (12-19)

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 I received-----
2. I helped to choose my services-----
3. I helped to choose my treatment goals-----
4. The people helping me stuck with me no matter what-----
5. I felt I had someone to talk to when I was troubled-----
6. I participated in my own treatment-----
7. The services I received were right for me-----
8. The location of services was convenient for me-----
9. My family got the help they wanted for me-----
10. My family got as much help as they needed for me-----
11. Staff treated me with respect-----
12. Staff respected my religious/spiritual beliefs-----
13. Staff spoke with me in a way that I understood-----
14. Staff were sensitive to my cultural/ethnic background-----
15. Staff were sensitive to my 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 you received over the last 6 months? _____

17. What would improve the services here?

DRAFT