

SAMPLE TFC Referral Source Satisfaction Survey

Child's Name: _____ Discharge Date: _____

Your Name (*optional*): _____ Agency Worker: _____

Please help us improve our services by answering some questions about the services this child has received.
We are interested in your honest opinions, whether positive or negative. Thank you!

1. People at Agency gave me a choice in deciding what services this child received.
1 2 3 4 5
Strongly Disagree Somewhat Agree Strongly
Disagree Agree Agree

2. I am satisfied with the progress made in this child's treatment goals at Agency.
1 2 3 4 5
Strongly Disagree Somewhat Agree Strongly
Disagree Agree Agree

3. Communication among treatment team members was timely and appropriate.
1 2 3 4 5
Strongly Disagree Somewhat Agree Strongly
Disagree Agree Agree

4. Overall, the quality of services this child received from Agency were good.
1 2 3 4 5
Strongly Disagree Somewhat Agree Strongly
Disagree Agree Agree

5. I plan to use Agency services in the future.
1 2 3 4 5
Strongly Disagree Somewhat Agree Strongly
Disagree Agree Agree

6. The Agency foster parent(s) was a positive support for this child.
1 2 3 4 5
Strongly Disagree Somewhat Agree Strongly
Disagree Agree Agree

7. **Comments?** (*Please use the back of this page if necessary*)

Thank you for helping us improve the quality of our services. We appreciate your time!