

SAMPLE TFC Youth's Family Satisfaction Survey

Child's Name: _____ **Discharge Date:** _____

Your Name (optional): _____ **Social 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. Agency social workers tried to involve me in team decision-making.
1 2 3 4 5
Strongly Disagree Somewhat Agree Strongly
Disagree Agree Agree

- 2. I am satisfied with the progress made in my 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 my child received from Agency were good.
1 2 3 4 5
Strongly Disagree Somewhat Agree Strongly
Disagree Agree Agree

5. **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!