



RECORD #
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## Client Satisfaction Survey

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Name: \_\_\_\_\_

Person Completing the Form: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

	Does not Apply	Strongly Disagree	Disagree	Agree	Strongly Agree
Services were started as quickly as possible.					
Services were provided on a consistent, regular basis.					
The staff responded to my calls quickly.					
The staff was supportive towards me and/or my child.					
I and/or my child felt comfortable with this staff.					
This staff helped me find other services that I and/or my child needed.					
The services that I and/or my child received were helpful.					
I and/or my child got better as a result of these services.					
My and/or my child's quality of life improved as a result of these services.					
I am satisfied with the services I received.					
I would recommend this staff to other people who need this type of help.					
I would recommend this agency to other people who need this type of help.					

Additional comments you would like to share with us regarding your staff or other services you received:

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**Please return to:**  
 Hispanic Family Counseling, Inc.  
 6900 S. Orange Blossom Trail, Suite 402  
 Orlando, FL 32809  
**FAX:** (407) 964-1274  
**SCAN:** [referrals@hisfapam.com](mailto:referrals@hisfapam.com)  
**OR** give to your clinician in a sealed envelope