## Client Satisfaction Survey

Our agency is assessing the services and programs that it provides for you, your family, and the community. Completing this questionnaire will help the program greatly by letting us know how we are serving you and how we can improve these services. All of your answers will be completely confidential, so please be honest. The more accurate and honest your feedback is, the better we can assess the quality of services. At the end please feel free to add any comments that you think will be useful, please add another sheet if needed.

Section I. Family Information. (Please select one response for each question)

1) What is your sex?FemaleMale
2) Which of the following describes your household?
$\square 2$ parents in the home $\quad \square 1$ parent in the hom
$\square$ Grandparent or other relatives in the home
3) How many children do you have? $\square$ none $\square 1 \quad \square 2 \quad \square 3 \quad \square 4 \quad \square 5$ or more
4) Who is primarily responsible for day-to day care of your children?
$\square$ Mother $\square$ Father $\square$ Both parents equally $\square$ Grandparents or other relatives
5) Which of the following best describes your race? $\square$ African American/Black $\square$ White $\square$ Asian $\square$ American Indian or Alaskan Native $\square$ Native Hawaiian or Other Pacific Islander; or $\square$ Other (Specify)
6) Which of the following best describes your ethnicity: $\square$ Hispanic or Latino $\square$ Not Hispanic or Latino
7) Are you currently employed? $\square$ Yes $\square$ No
8) How long have you participated in the program? $\square$ Less than 1 year $\square 1$ to 2 years $\square 3$ years or longer
9) How many times in a month do you participate in program activities (attend events or classes)?
$\square 5$ times or less $\quad \square \quad 6-10$ times $\quad \square 11$ times or more
10) How many times a month do you talk with program staff (phone conversations, home visits, or program activities)? $\square 5$ times or less $\quad \square \quad 6-10$ times $\quad \square 11$ times or more

Please complete sections 2-5. All responses are confidential so please feel free to include any comments at the end of the survey. Please select one response for each question, using an $X$ for the correct response.

|  | Doesn't Apply | Strongly Disagree | Disagree | Agree | Strongly Agree |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Section 2 - Parental Involvement |  |  |  |  |  |
| 1) Parents make decisions about the program and its plan for the future. |  |  |  |  |  |
| 2) At the program, we plan and organize activities and programs that are interesting and useful for families. |  |  |  |  |  |
| 3) Parents help review parent education materials that are used in the program. |  |  |  |  |  |
| 4) Staff asks my opinion of the program. |  |  |  |  |  |
| 5) The parent education classes offered by the program |  |  |  |  |  |
| a. Are fun and helpful |  |  |  |  |  |
| b. Respect my culture and child rearing practices |  |  |  |  |  |
| c. cover the issues I want covered |  |  |  |  |  |
| Section 3. Family Development |  |  |  |  |  |
| 1) I have become better at advocating for my family and making my concerns heard |  |  |  |  |  |
| 2) I've learned how my experiences while growing up influence my present family life |  |  |  |  |  |
| 3) Since I began participating in the program, I know of more places to get what my family needs |  |  |  |  |  |
| 4) My family and I feel safe at the program |  |  |  |  |  |
| 5) Since becoming involved in the program, I have: |  |  |  |  |  |
| a. learned more about other organizations and community events |  |  |  |  |  |
| b. participated in more community activities |  |  |  |  |  |
| c. taken a leadership role in the community |  |  |  |  |  |



Comments:

