



Client Satisfaction Report

Agency _____

- 1. Is this your first placement with Hittle House? YES NO
- 2. If YES, how did you hear about Hittle House?

- 3. Do you feel that the staff at Hittle House kept you well informed of treatment progress, critical incident reports, and the general well being of your child?

- 4. Please rate your satisfaction with the following areas:

| | 1 | 2 | 3 | 4 | 5 |
|------------------------|--------------|--------------|-----------|-----------|---------------|
| | Dissatisfied | Somewhat | Satisfied | Very | Exceptionally |
| | | Dissatisfied | | Satisfied | Satisfied |
| Staff was caring | 1 | 2 | 3 | 4 | 5 |
| Staff was professional | 1 | 2 | 3 | 4 | 5 |
| Staff was considerate | 1 | 2 | 3 | 4 | 5 |
| Staff was attentive | 1 | 2 | 3 | 4 | 5 |

Please rate your overall satisfaction with the level of treatment provided by Hittle House

1 2 3 4 5

Comments: _____

Please indicate areas of improvement: _____
