

# Agency Feedback Survey Template

Your feedback is important to us. Please take a few minutes to complete this survey and return it in the envelope provided. Thank you!

		Strongly agree	Agree	Disagree	Strongly disagree	Unsure/decline
1.	XXX staff provided enough information about programs and services available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	XXX staff is knowledgeable, competent and responded to my needs and concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	XXX staff referred me to or helped me access the services and supports we needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	XXX staff and I discussed my needs and we worked on a support plan (goal plan) together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	XXX staff reviewed my goals with me and encouraged me to work on them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	XXX staff were sensitive to my cultural needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<b>(Skip if you are still receiving service)</b> When my service ended, XXX staff discussed end of service with me and helped me develop a support plan for when I end service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Through my involvement with XXX, I am more connected to my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	XXX service helped me develop relationships with people in my community and with service providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	XXX service improved my family's ability to cope and our wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	I would recommend this service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Overall, how effective were YSSN services in helping you meet the goals you developed with XXX XXX XXX welcomed and fostered my Network/family.	Extremely effective <input type="checkbox"/>	Very effective <input type="checkbox"/>	Moderately effective <input type="checkbox"/>	Slightly effective <input type="checkbox"/>	Not effective <input type="checkbox"/>

**STAFF PLEASE COMPLETE THIS PAGE**

**Date completed:**

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**Staff, please indicate type of service:**

<input type="checkbox"/>	XXX	
<input type="checkbox"/>	XXX	
<input type="checkbox"/>		

**Age of person receiving support**

<input type="checkbox"/>	under 18	
<input type="checkbox"/>	over 18	
<input type="checkbox"/>		

**Person responding**

<input type="checkbox"/>	self	
<input type="checkbox"/>	Person's Network Member (family, friend, etc.)	
<input type="checkbox"/>		

**Currently receiving service**

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No, service has ended.
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**How long receiving service? OR For how long received service if service has ended?**

<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	1 – 6 months
<input type="checkbox"/>	6 months – 1 year	<input type="checkbox"/>	<input type="checkbox"/>	1 – 2 years
<input type="checkbox"/>	2 – 4 years	<input type="checkbox"/>	<input type="checkbox"/>	4 – 7 years
<input type="checkbox"/>	Over 7 years			