



SATISFACTION QUESTIONNAIRE

Child _____

Respondent _____ Date _____

Please help us improve our program by answering some questions about the services you are receiving/have received at The Behavior Place. We are interested in your honest opinions whether they are positive or negative. Please answer all of the questions. We also welcome your comments and suggestions. Thank you very much for your time and cooperation, we appreciate your help.

For each statement, please consider the current behavioral treatment, and circle the number with which you most clearly agree.

1	2	3	4	5
Totally Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Totally Agree

Please answer the following questions regarding the treatment overall using the scale above:

1. Overall, I am satisfied with the services I have received. 1 2 3 4 5
2. If a friend were in need of similar help, I would recommend The Behavior Place. 1 2 3 4 5
3. Applied Behavior Analysis (ABA) is effective for teaching my child new skills. 1 2 3 4 5
4. The ABA services provided by The Behavior Place have shown to be effective in changing my child's behavior. 1 2 3 4 5
5. At home, I implement recommendations provided by the treatment team. 1 2 3 4 5
6. I feel that when I utilize recommendations at home, they are effective. 1 2 3 4 5
7. I am regularly informed of my child's progress and/or challenges. 1 2 3 4 5
8. Assessments and reports are clear, complete and easy to understand. 1 2 3 4 5
9. Assessments and reports are received in a timely manner. 1 2 3 4 5
10. The information I receive from The Behavior Place regarding my child is relevant and useful. 1 2 3 4 5
11. Parent meetings were informative and productive. 1 2 3 4 5
12. The Behavior Place staff are willing to work with my child's school and/or other caregivers. 1 2 3 4 5
13. Effective training was provided to all interested caregivers. 1 2 3 4 5

Please answer the following questions regarding your general impression of the treatment team using the scale above:

14. The treatment team was flexible and open to suggestions. 1 2 3 4 5
15. The treatment team was knowledgeable and thoroughly trained. 1 2 3 4 5
16. The treatment team was cooperative and easy to work with. 1 2 3 4 5
17. The treatment team was helpful in solving problems as they arose. 1 2 3 4 5
18. The treatment team showed positive regard for the family. 1 2 3 4 5
19. The treatment team is empathetic and sensitive to the needs of my child. 1 2 3 4 5

Please answer the following questions regarding your *current* impression of your child's behavior:

1	2	3	4	5
Totally Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Totally Agree

20. My child's communication skills are1 2 3 4 5 N/A
21. My child's social skills are1 2 3 4 5 N/A
22. My child's play skills are1 2 3 4 5 N/A
23. My child's compliance is1 2 3 4 5 N/A
24. My child's disruptive behaviors (i.e., screaming, lying on the ground, aggression) is1 2 3 4 5 N/A
25. My child's stereotypy (i.e., repetitive body movements or repetitive movements of objects) is1 2 3 4 5 N/A
26. My child's relinquishing items (i.e., "turn taking") is1 2 3 4 5 N/A

27. Please provide additional comments or suggestions below.

28. Please provide any suggestions you might have that would assist us in making our programs more effective.

THANK YOU FOR TAKING YOUR TIME TO COMPLETE OUR SURVEY!