**Evaluation & Treatment**

**Client Satisfaction Survey Questionnaire**

**Child Protective Services - Purchased Client Services**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date:** |  | | **Facilitator:** |  |
| **Agency:** | |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Put an **X** in the box for your answer to each question. If the question does not apply to you, mark the **NA** box for Not Applicable. | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** | **NA** |
| 1. My therapist believes that I can change and grow. My therapist helps me find my own solutions. |  |  |  |  |  |
| 2. My therapist encourages me to be responsible for the safety of my kids. My therapist helped me find relatives and friends who care about the safety of my kids. |  |  |  |  |  |
| 3. My therapist understands my problems and worries and makes me feel comfortable talking about my life and my family. |  |  |  |  |  |
| 4. I learned new ways to parent my kids and I have been using my new skills at home. |  |  |  |  |  |
| 5. I learned a lot about how kids grow and develop. I learned how abuse and neglect hurts kids and how it makes them act. I learned about my children's needs and how I can meet them. |  |  |  |  |  |
| 6. I understand the problems that caused CPS to open a case and most of the problems are getting better. |  |  |  |  |  |
| 7. My therapist encourages me to attend other classes or join other support groups or participate in community activities. I found other agencies or groups that could help me with my life and my kids. |  |  |  |  |  |
| 8. My therapist is respectful of my culture and how we raise our kids. |  |  |  |  |  |
| 9. If I had other choices, I would still get services from this therapist |  |  |  |  |  |
| 10 This therapy made positive changes in my life and in how I parent my kids and I would tell someone to try this kind of therapy if they had problems like mine. |  |  |  |  |  |

Comments (What did you like most about therapy? Like least? Is there anything you wanted that was not part of the therapy?)

|  |  |
| --- | --- |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |
|  |  |

*Client Signature* *Date Signed*