



## FAMILY RECONNECT: SATISFACTION SURVEY

The Eva’s Initiative’s Family Reconnect Program would like to know your level of satisfaction with our services. Your input is important to the continuous improvement of our program. Please complete this confidential survey and return it in the enclosed envelope.

Please circle who you are in the family: Youth    Parent    Sibling    Aunt/Uncle  
Grandparent    Other Family Member    Family Friend

1. How did you hear of our services?

2. When you used the Family Reconnect Program services, were you satisfied with:

	Yes	No
How easily you were able to reach the service?		
The time it took to meet with a Family Reconnect Staff?		
The intervals between sessions?		
The time when the appointments were scheduled?		
The number of appointments you had?		

Comments:

3. The location of the sessions was:

- In family home
- At Eva’s Family Room
- In the community (please list where):

Any concerns or comments about the location:

4. Please indicate the primary focus of your involvement with the Family Reconnect Program:

- Communication difficulties
- Family conflict
- Negotiation of rules/expectations
- Parenting skills
- Life and social skills
- Mental health issues
- Substance use issues
- Facilitate youth returning home
- Facilitate youth living in the community
- Other:

Comments:

5. My family and I were able to make progress in addressing the areas indicated above?

- Yes  No

Comments:

6. If referred to another community service/professional, were you satisfied with the resource(s) you were referred to?  Yes  No

If YES, what type of service(s) were you referred to? (i.e. psychiatric, medical, financial, etc.):

If NO, please indicate the type of service(s) and why you were not satisfied?

7. Was the Family Reconnect Program Counselor:

	Yes	No
A good match with your youth and family?		
Helpful in resolving your issues?		

Comments:

8. Are you satisfied that confidentiality was maintained throughout your involvement with the agency?  Yes  No

Comments:

9. Overall, how would you rate your involvement with the Family Reconnect Program?  
 Poor  Average  Good  Excellent

Comments:

10. Would you recommend our program to others?  Yes  No

Comments:

11. Please share any additional comments and/or recommendations of how to improve the program.

Thank you for your cooperation in completing this survey.