



CLIENT SATISFACTION QUESTIONNAIRE – YOUTH

PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR EXPERIENCE AT NORTHERN YOUTH SERVICES.

1. Were you treated with respect by our staff?

Definitely Not 1 Probably Not 2 Neutral 3 Probably Yes 4 Definitely Yes 5

2. Were staff available when you needed them?

Definitely Not 1 Probably Not 2 Neutral 3 Probably Yes 4 Definitely Yes 5

3. Were services provided to you in an accessible manner?

Yes No Somewhat

Comments:

4. Do you feel you have been involved enough in the planning of your program (ex.: goal setting)? If not, please explain.

5. If you were dissatisfied with Northern Youth Services in any way, please explain which part and why?

6. Please tell us about specific areas where we can improve our services to you.

7. Did you receive services in your preferred language?

YES NO

Although your response will be handled confidentially, you may choose not to complete this section:

Completed By: _____ Date: _____

Address: _____

Telephone: _____

If you would like to be contacted to discuss any issues you have relating to the services you received, please check here _____.