Therapy & Learning Centre

Customer Satisfaction Survey Form F002

Please rate the following aspects of your experience with Therapy and Learning Centre by ticking the appropriate column.

| General   | Agree | Somewhat<br>agree | Neither<br>agree nor<br>diagree | Somewhat<br>Disagree | Disagree |
|---|-------|-------------------|---------------------------------|----------------------|----------|
| You were provided with a high quality and professional service  |       |                   |                                 |                      |          |
| You find it easy to park and access the clinic(s)   |       |                   |                                 |                      |          |
| The clinic is presented, clean and inviting   |       |                   |                                 |                      |          |
| Reception staff were organised, respectful and able to help with any problems that you encountered  |       |                   |                                 |                      |          |
| Clinical  |       |                   |                                 |                      |          |
| The assessment process was easy to understand, time efficient and convenient  |       |                   |                                 |                      |          |
| You were offered a time with the therapist to go through<br>the report and they were able to answer any questions<br>you had in an easy to understand way |       |                   |                                 |                      |          |
| You feel that your child is attending an adequate number<br>of therapy sessions at a time that suits your child and<br>you                                |       |                   |                                 |                      |          |
| Your child's experience with our therapists   |       |                   |                                 |                      |          |
| Your child is treated with respect, their needs are heard by all staff and they feel safe attending therapy   |       |                   |                                 |                      |          |
| Your child is making progress towards their clearly stated therapy goals  |       |                   |                                 |                      |          |
| Your child is eager to attend therapy and has no resistance in attending their sessions   |       |                   |                                 |                      |          |
| Any needs that your child may need in the clinic are provided and easy to access.   |       |                   |                                 |                      |          |

Are there any services that you would like us to provide?

If you would like to provide your details, please complete the following.

Name:

Phone number:

Email address: