FAMILY SUPPORT SERVICES (FSS) - SATISFACTION SURVEY
Updated 4/20/22

FOR AGENCY USE ONLY: TO BE COMPLETED BY AGENCY REPRESENTATIVE	
Agency Providing Service:	**County:**
Staff Responsible for Service:	
Service(s) Provided:	
Description of Service/Program Year:	

Please share how you would overall rate the FSS program/service listed above. Please check the appropriate boxes.

1. How would you rate the overall quality of the programs/services?

   ☐ Excellent   ☐ Very Good   ☐ Good   ☐ Fair   ☐ Poor

2. Did the programs/services meet your needs/goals?

   ☐ Yes   ☐ No

3. How would you rate the effectiveness of program staff?

   ☐ Excellent   ☐ Very Good   ☐ Good   ☐ Fair   ☐ Poor

4. Do you know who to reach out to at the agency if you have questions or concerns?

   ☐ Yes   ☐ No

5. Was staff responsive to any questions or concerns you have raised about the programs/services?

   ☐ Always/Usually   ☐ Sometimes   ☐ Seldom/Never   ☐ Not Applicable

6. What are the positive aspects of the program/service? Select all that apply

   ☐ Ease of application
   ☐ Timeliness of services
   ☐ Quality of management at program
   ☐ Staff properly trained and able to meet family member's needs
   ☐ Attentiveness of staff to my family member's needs
   ☐ Cleanliness of program
   ☐ Good communication
   ☐ Timeliness to inquiries, questions, concerns, reimbursements, etc.
   ☐ Program was a good fit for my family
   ☐ Appropriate number of staff

☐ Quality of program itself
☐ Time/location of services (access to services)
☐ Other

_____

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7. What ways could the programs/services be improved? Select all that apply

☐ Ease of application
☐ Timeliness of services
☐ Quality of management at program
☐ Staff properly trained and able to meet family member's needs
☐ Attentiveness of staff to my family member's needs
☐ Cleanliness of program
☐ Good communication
☐ Timeliness to inquiries, questions, concerns, reimbursements, etc.
☐ Program was a good fit for my family
☐ Appropriate number of staff
☐ Quality of program itself
☐ Time/location of services (access to services)
☐ Other

_____

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8. Please provide any additional comments about the programs/services (optional):

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