



## Client Satisfaction Survey

Date: \_\_\_\_\_

Please specify how you are associated with RECOVERY TECHNOLOGY: \_\_\_\_\_

RECOVERY TECHNOLOGY would like to thank you for giving us the opportunity to serve you. Please help us serve you better by taking a couple minutes to tell us about the services that you have received so far. We appreciate your loyalty and want to make sure we meet your expectations. Your completed survey can be returned to our office at the address listed above. All information provided remains confidential. Please check the appropriate response. Thank you for your time and input.

**5=Excellent    4=Good    3=Average    2=Below Average    1=Unsatisfactory**

	5	4	3	2	1
1. Generally, how satisfied are you with the organization and timeliness of the services that Recovery Technology provided for you?					
2. How would you rate the overall services you've received from Recovery Technology?					
3. Overall, how would you rate the level of involvement you were given while developing your Person-Centered Plan and making decisions regarding the services you felt you needed?					
4. How would you rate the ease and understanding of the written goals in your Person Center Plan?					
5. How well did the services you received from Recovery Technology assist you in learning to take care of your own needs and increase your independence?					
6. Recovery Technology staff is friendly and helpful.					
7. Recovery Technology staff believed in my recovery and my ability to make necessary changes.					
8. Recovery Technology's staff were sensitive to my needs and cultural/ethnic background.					
9. Recovery Technology staff explained my rights to me in a clear and understandable way.					
10. Did the services Recovery Technology deliver assist you in managing your life/illness?					

In what ways, do you think Recovery Technology can improve? (Please continue on the back if more space is needed.)