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Client Satisfaction Survey

Date: _____

Please specify how you are associated with RECOVERY TECHNOLOGY:

Client Guardian Service Provider Other: _____

Please specify what services are being rated:

CSM/Support Coordination Outpatient Therapy ACT/IDDT

Physician Services Anger Management/BIP

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.

If you do not have an answer or are unsure on any statement, please select "Neutral." Thank you.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Neutral
1. I like the services that I receive(d).					
2. I was able to get the services I thought I needed.					
3. Staff helped me obtain the information I needed so that I could take charge of managing my mental health or disability.					
4. I, not staff, decided my treatment goals.					
5. Staff believed that I could grow, change and recover.					
6. Recovery Technology staff is friendly and helpful.					
7. As a direct result of the services I received, I am better able to take care of my needs.					
8. Recovery Technology's staff were sensitive to my cultural/ethnic background (ex., race, religion, language, etc.).					
9. Recovery Technology staff explained my rights to me in a clear and understandable way.					
10. The services Recovery Technology deliver assisted 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.)