



LET US KNOW

WE APPRECIATE YOUR FEEDBACK!

Client Satisfaction Questionnaire

We care about providing you with the excellent service, support, and resources your child needs to blossom and grow. Please answer the following questions as they apply to you.

Has the therapist(s) (OT, PT, SPT) helped you gain a better understanding of your child's therapy needs?

Unsatisfied Somewhat Satisfied Satisfied Very Satisfied Extremely Satisfied

Has the therapist(s) (OT, PT, SPT) given you guidance/training to assist you in following through with a home program?

Unsatisfied Somewhat Satisfied Satisfied Very Satisfied Extremely Satisfied

Has the therapist(s) (OT, PT, SPT) provided support and resources which have been helpful?

Unsatisfied Somewhat Satisfied Satisfied Very Satisfied Extremely Satisfied

Do you feel that communication between you and your child's therapist(s) (OT, PT, SPT) is adequate and productive?

Unsatisfied Somewhat Satisfied Satisfied Very Satisfied Extremely Satisfied

Please rate the overall quality of service(s) you receive from **the Learning Fountain** Clinic.

Unsatisfied Somewhat Satisfied Satisfied Very Satisfied Extremely Satisfied

Would you refer a friend to **the Learning Fountain, Inc** for their therapy needs?

Yes No

Please share any suggestions you have for improving the services that we provide.

the **Learning Fountain**

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