

# SAMPLE - Program Participant Satisfaction Survey

## Supervised Visitation & Safe Exchange Program

We are asking for your help in evaluating the quality of our services. Please take five to ten minutes to complete this survey to give information that will help us change our services to better help you and others. Your participation is **voluntary**, and you will **not be refused services** here or at any other agency if you do not complete the survey. Your responses will be kept **confidential**. Please do not put your name on the survey.

Please read the following statements and check the box that shows how much you agree with each one:

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	NA / Don't Know
1) I am satisfied with the way my request for services was handled during my orientation.	<input type="checkbox"/>				
2) The rules and procedures of this center were clearly explained during my orientation.	<input type="checkbox"/>				
3) Center staff make an effort to understand me.	<input type="checkbox"/>				
4) Center staff explain things in a way I can understand	<input type="checkbox"/>				
5) Center staff are respectful to me.	<input type="checkbox"/>				
6) Center staff are helpful to me.	<input type="checkbox"/>				
7) Center staff support me in my own decision-making.	<input type="checkbox"/>				
8) I find the center to be clean and comfortable.	<input type="checkbox"/>				
9) This center is equipped with toys, books and games that my child(ren) enjoys.	<input type="checkbox"/>				
10) If I have concerns about the visit or exchange, a staff member is available to answer my questions.	<input type="checkbox"/>				
11) I feel safe while at the center.	<input type="checkbox"/>				
12) My child(ren) feel safe while at the center.	<input type="checkbox"/>				
13) Center staff are sensitive to my concerns about safety.	<input type="checkbox"/>				
14) If I need help in the future with visitation or exchange services, I would contact this center.	<input type="checkbox"/>				

Note: Items 4, 7, and 14 were adapted from "Evaluation of Services Survey", City of Chicago. All other items were developed by Applied Survey Research and the Santa Clara California Safe Havens Site in collaboration with the National Evaluation of the Safe Havens Demonstration Initiative.

Questions: Please contact Inspire Action for Social Change - [info@inspireactionforsocialchange.org](mailto:info@inspireactionforsocialchange.org)

Please check the box that **shows how much you agree with** each of the following statements:

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	NA / Don't Know
1) Staff acknowledge the importance of my cultural beliefs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Staff understand that people of my racial or ethnic group are not all alike.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Staff treat me as if my culture is not important for them to consider in any planning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) The staff who worked with me were interested in understanding more about my culture.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) The staff treat me with disrespect because of the way I speak English.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) The reading materials are not in the language that my family and I usually speak at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Staff are willing to be flexible and provide alternative approaches or services to meet my cultural/ethnic needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) The staff understand that I might want to talk to a person from my own racial or ethnic group about getting the service I want.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) If I need them, there are translators or interpreters easily available to assist me and/or my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) If needed, the staff understand concerns I have about immigration issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Items 5 and 10 are from: Cultural Competence Agency Self-Assessment Instrument, Child Welfare League (2002); items 1-3 and 6-9 are from: Maryland Mental Hygiene Administration, Survey of the Cultural Competency of Adult Services (2002); item 5 is from: R. L. Johnson, et al., Racial and ethnic differences in patient perceptions of bias and cultural competence in health care (2004).

What were your **greatest needs or concerns** when you started coming to this visitation/exchange center?

What services or referrals do you **need but have not yet received?**

How has the visitation/exchange center been **helpful to you?**

How do you think this visitation/exchange center **could improve its services** to better help you and your child(ren)?

***Thank you for completing this survey!***

For questions or assistance in designing your own survey please contact Inspire Action for Social Change - [info@inspireactionforsocialchange.org](mailto:info@inspireactionforsocialchange.org)