

Family Satisfaction Survey of ASD Services

Please take a few moments to complete this satisfaction survey. Results will be used to aid the Southwest Missouri Autism Project to continue improving services to individuals with ASDs and their families. If you received services from more than one provider, please complete a separate survey for each provider. Additional surveys may be downloaded at <http://dmh.mo.gov/dd/autism/swautismproject.html>.

Provider: Please check **only** one box (a survey may be completed for each of your providers) :

- | | |
|---|---|
| <input type="checkbox"/> Abilities First (Art Inspired Academy) | <input type="checkbox"/> Easter Seals Midwest Life Skills |
| <input type="checkbox"/> Alternative Opportunities | <input type="checkbox"/> Judevine Center |
| <input type="checkbox"/> Arc-CounterPoint | <input type="checkbox"/> Ozark Center Leffen Center |
| <input type="checkbox"/> Burrell Autism Center | |
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1. I, or my loved one with ASD, was able to choose from a variety of services provided to me/our family. ____Yes ____No
2. I, or my loved one with ASD, was able to choose who provided the services to my/our family. ____Yes ____No
3. The types of services that I, or my loved one with ASD, had to choose from were services that I needed. ____Yes ____No
4. I would rate the quality of services that I, or my loved one with ASD received, as (check one only):

- ____Extremely satisfied
____Satisfied
____Neither satisfied nor dissatisfied
____Dissatisfied
____Extremely dissatisfied

5. Please rate how helpful the services that you, or your loved one with ASD, have/has used within the last year. Number the top 3 services (with 1 being the most helpful service, 2 the next most helpful service, etc.). Please use numbers from 1 – 3 only.

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|--------------------------------------|--|
| ____Social Skills Training | ____Community Inclusion |
| ____Behavior Analytic Services | ____Parent Training |
| ____Community Inclusion | ____Respite |
| ____Family Support | ____Occupational Therapy |
| ____Employment Services | ____Multi-Disciplinary Strength-Based |
| ____Consultation | ____Assessment for Transition Planning |
| ____Post Secondary Education Support | ____Sibling support |
| ____Family Resource Specialist | |

