

EVOLVE ASSESSMENTS AND DIAGNOSTICS INC.

CLIENT SATISFACTION SURVEY

We welcome feedback from the people we serve, and consider all feedback from this **optional** satisfaction survey carefully.

Please circle the most appropriate response to the following questions:

- **Did the assessor clearly explain the nature and purpose of today's assessment?**

YES

NO

If NO, please explain:

- **Did the assessor conduct himself/herself in a professional manner?**

YES

NO

If NO, please explain:

- **Were you provided with the opportunity to present all of your concerns and respond to all questions from the assessor during the assessment?**

YES

NO

If NO, please explain:

- **Prior to this assessment did you receive a reminder call?**

YES

NO

- If transportation services were arranged to get you to and from the assessment were they on time and courteous?

YES

NO

If NO, please explain:

- If interpreter services were used during your assessment were they effective in assisting you to communicate with the assessor?

YES

NO

If NO, please explain:

- Do you have any further comments regarding today's assessment?

Note: If you wish to be contacted by a member of management regarding any feedback you may have and/or to lay a formal complaint, please indicate "YES" and complete the following section:

YES

NO

You will be contacted within 7 days of receipt of this form.

Date Of Assessment: _____ Assessor Name:

Client Name: _____ Client Signature: _____

Thank you for taking the time to complete this questionnaire.

Please submit the survey at your earliest convenience to Evolve via

E-mail: evolve@evolveax.com

Fax: 519-432-7522

Mail: 1208-383 Richmond Street, London, ON, N6A 3C4

This questionnaire is also available for online submission at

www.evolveax.com/survey/