

EVOLVE ASSESSMENTS AND DIAGNOSTICS INC.

PEDIATRIC CLIENT SATISFACTION SURVEY

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

Parent/Guardian, please indicate “Yes” or “no” in response to the following questions:

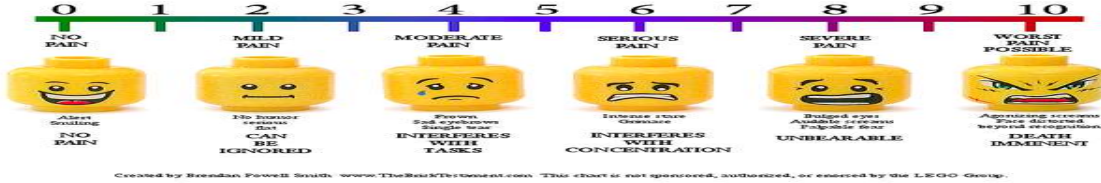
		YES	NO
1.	Did you receive a reminder call about the assessment?		
2.	• If transportation services were arranged to get you to and from the assessment, were they on time and courteous?		
3.	If interpreter services were used during your assessment, were they effective in assisting you to communicate with the assessor?		
4.	Did the assessor clearly explain the nature and purpose of today’s assessment?		
5.	Did the assessor conduct himself/herself in a professional manner?		
6.	Did the assessor interact with your child in a manner that made your child feel comfortable?		
7.	• Were you provided with the opportunity to present all of your concerns and respond to all questions from the assessor during the assessment?		
8.	• Was your child given the opportunity to describe his or her concerns adequately to the assessor as he or she was able?		

- If you experienced any issues with your child’s assessment, please describe:

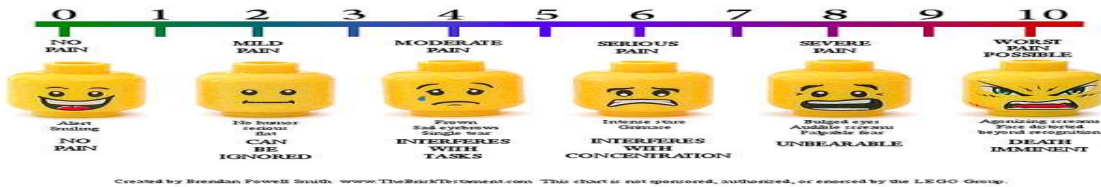
- Do you have any further comments regarding today’s assessment?

Questions for Child:

- How did you feel before the assessment?



- How did you feel at the end of the assessment?



- Is there anything you would like to share about your assessment?

Parent/Guardian: 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 (optional):

Parent/Guardian Name: _____ Parent/Guardian 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: 301-620 Colborne Street, London, ON, N6B 3R9

This questionnaire is also available for online submission at www.evolveax.com/survey .