



Attachment C
Consumer Satisfaction Document

Candidate Name: _____

Date: _____

Please describe in the box provided below, the length and nature of your relationship with the candidate. Include a summary of how this individual was involved in providing services to you or a family member. The contact information at the end of this document will remain confidential, and is only included in case we need to contact you for further information regarding the candidate.

Consumer Satisfaction

Please use the rating scale listed below to rank the candidate on a number of key personal and professional issues. Circle the number that best represents how you feel the candidate performed on these issues.

| Criteria | Rating Scale | | | | |
|--|---------------------------|---|---------------|---|------------------------|
| | 1 Strongly Disagree | 2 | 3 Somewhat | 4 | 5 Strongly Agree |
| The candidate: | | | | | |
| 1) Taught me or my family member new skills. | 1 | 2 | 3 | 4 | 5 |
| 2) Helped me or my family member to live more independently. | 1 | 2 | 3 | 4 | 5 |
| 3) Listened to me and used what I said to help me. | 1 | 2 | 3 | 4 | 5 |
| 4) Worked well with other professionals. | 1 | 2 | 3 | 4 | 5 |
| 5) Was concerned with my preferences and desires. | 1 | 2 | 3 | 4 | 5 |
| 6) Treated me with respect. | 1 | 2 | 3 | 4 | 5 |
| 7) Provided valuable information that helped me. | 1 | 2 | 3 | 4 | 5 |
| 8) Knew how to help me get other resources. | 1 | 2 | 3 | 4 | 5 |

Average score (total divided by 8)

| |
|---|
| <p>Who completed this survey?</p> <p>_____ Consumer with a disability</p> <p>_____ Parent of a child with a disability</p> <p>_____ Child with a disability</p> <p>_____ Guardian of a consumer with a disability</p> <p>_____ Friend of a consumer with a disability</p> <p>_____ Other (list _____)</p> |
|---|

Name: _____

Address: _____

Phone: _____

Email: _____