

SATISFACTION SURVEY- 2014
For
PARENTS AND FAMILY MEMBERS

Thank you for participating in C.L.S.C.'s Consumer Satisfaction Survey. Please insert the completed survey in the self-addressed stamped envelope provided and return it at your earliest convenience.

| | YES | NO |
|---|-----|----|
| 1. Are you aware of, and are you satisfied with, the person-centred plan completed for your son/daughter/ sibling? | | |
| COMMENTS: | | |
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| | YES | NO |
|--|-----|----|
| 2. Are you satisfied that your son/daughter/sibling is being supported in a safe living and/or community supported environment? | | |
| COMMENTS: | | |
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| | YES | NO |
|---|-----|----|
| 3. People being supported by C.L.S.C. are being given the: | | |
| • Right to be safe and free from abuse. | | |
| • Right to have relationships. | | |
| • Right to privacy. | | |
| • Right to say "NO". | | |
| • Right to make choices. | | |
| • Right to be treated with respect and dignity. | | |
| • Right to grow and learn. | | |
| • Right to self-advocacy. | | |
| • Right to risk. | | |
| • Right to Accessible Services. | | |
| • Right to be proud of who I am. | | |
| • Right to Dream. | | |
| • Right to Live in and be a part of my community. | | |
| • Right to freedom of movement. | | |
| • Right to make a complaint | | |
| • Right to have a personal support plan and to be a part of making that plan. | | |

Rights continued:

COMMENTS:

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| | YES | NO |
|---|-----|----|
| 4. In your opinion, is your son/daughter/sibling being given the opportunity to participate in community based activities and use generic services to the best of his/her ability? | | |
| COMMENTS: | | |
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| | YES | NO |
|---|-----|----|
| 5. Do you feel the Manager and staff, of the service provided to your son/daughter/sibling, are available to answer questions and share information as required? | | |
| COMMENTS: | | |
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| | YES | NO |
|---|-----|----|
| 6. Are you satisfied with the service being provided to your son/daughter/sibling. | | |
| COMMENTS: | | |
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Optional - Signature _____

Date: _____