

Therapy Accomplished



Helping families and therapists succeed!

Patient Satisfaction Survey

Your Therapist's Name: _____

	Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
1. Your therapist appears to love their occupation.	1	2	3	4	5
2. Your therapist appears to enjoy working with your child and family.	1	2	3	4	5
3. Your therapist arrives when he/she says he/she is going to arrive taking into consideration traffic, etc.	1	2	3	4	5
4. Your therapist has a positive attitude.	1	2	3	4	5
5. Your therapist does not gossip about others (therapists, families, doctors, other companies, Therapy Accomplished, etc.).	1	2	3	4	5
6. Your therapist discussed the evaluation, treatment plan, and goals with me on a regular basis.	1	2	3	4	5
7. Your therapist provided you with a home program.	1	2	3	4	5
8. Overall, my experience was a positive one.	1	2	3	4	5
9. I would recommend this therapist to my friends and family.	1	2	3	4	5

Additional Comments or Suggestions (attach extra pages if necessary):

Optional Information:

Parent/ Guardian Name: _____

Child's Name: _____

May we use your comments in marketing material?

Yes No