

**FAMILY SATISFACTION SURVEY**

Dear Participant,

We are interested in hearing from you! Please help us understand what you think of the services you are receiving from this program. There are no right or wrong answers. Please know that we value your privacy, and all responses are anonymous.

Thank you!

1. How would you rate your overall experience with this program?

Excellent      Very Good      Good      Fair      Poor

2. How likely is it that you would recommend this program to friends or family?

Not at all likely      Extremely likely  
 1      2      3      4      5      6      7      8      9      10

3. How satisfied are you with what the services you received while participating in this program?

Very satisfied      Satisfied      Neutral      Somewhat dissatisfied      Not satisfied at all

4. How well did this program increase your **knowledge** about available community assistance programs (such as SNAP food assistance, parenting support, legal services, medical care, early childhood screenings, etc.)?

Extremely well      Very well      Somewhat well      Not very well      Not well at all

5. How well did this program increase your **access** to available community assistance programs (such as SNAP food assistance, parenting support, legal services, medical care early childhood screenings, etc.)?

Extremely well      Very well      Somewhat well      Not very well      Not well at all

Please use the space below to provide any other feedback to help us improve service delivery and design. Thank you!

Children's Services Council  
 of Leon County