



Child, Youth and Family Feedback Survey

Thank you for your feedback!

Your feedback is very important to us! Your feedback will assist us in making decisions about our services. Your response to the following questions is voluntary and will not impact any services you receive. The results of the survey will be collected by CCR's Quality Assurance team; individual responses will remain anonymous and confidential. However, if you choose, you may leave your contact information so that we can speak with you in order to further discuss your feedback.

Today's date:

____/____/____
(YYYY/MM/DD)

Are you a child / youth or parent / caregiver?

- Child / Youth
- Parent / Caregiver

What language did you receive services?

- English
- French
- Other

What language would you have preferred to receive services?

- English
- French
- Other

Please select your service region:

- Sudbury / Manitoulin
- Thunder Bay / Thunder Bay District
- Sault Ste Marie / Algoma
- Kenora / Rainy River

We are interested in your experience with all of our programs and services. If you and/or your child have been involved with multiple services, please feel free to fill out a survey for each service.

Please indicate the service that you are leaving feedback for (choose one).

- Best Start Hubs
- Early Learning and Child Care Services (includes: Consultation Days; Brief Behavioural Consultation for Early Learning and Child Care; Professional Development; Transition to School)
- Diagnostic and Assessment Services
- Developmental Residential Service
- Applied Behaviour Analysis Workshops and Awareness Presentations
- Applied Behaviour Analysis, Brief Behavioural Consultation
- Social and Life Skills Groups (includes: Junior and Senior Social Skills Group; Secret Agent Society (SAS); Program for the Education and Enrichment of Relational Skills (PEERS); Enhancing Independent Behaviour (EIB); Supported Employment Services)
- Behaviour Assessment, Consultation or Treatment
- Intensive Behaviour Intervention (IBI)
- Intensive Treatment Support Program (ITSP)
- Respite Services
- Parent Education Workshop
- Other (please specify): _____

For approximately how long have you been receiving this service?

- Less than 6 months
- 6 months to 1 year
- 1 to 3 years
- 3 to 5 years
- More than 5 years
- I am currently on a wait list for service(s)
- N/A - I have not received services

What did / do you like most about our service?

What would you recommend so that we can improve our service?

Did our staff make you and / or your family feel...

	Yes	No	Undecided
That you were supported	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
That you were given all of the information you needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respected and understood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall, how satisfied are you with the service you have received from CCR?

Very Satisfied Satisfied Unsure Dissatisfied Very Dissatisfied

Do you have any additional comments?

Would you like someone from CCR to contact you regarding the comments you have left in the survey?

Yes

No

***** If you've answered "Yes" to the question above, please complete the following questions***

Please provide your name (last, first):

First and last name is required so that we can direct your feedback to the appropriate staff or department.

What is your preferred method of contact?

Phone (please include area code): _____

Email: _____

Other: _____

Are there any special instructions you would like us to be aware of prior to contacting you (e.g. preferred time of day, language, etc?)
