



## Satisfaction Survey

Your feedback is important to us as it helps us to evaluate the effectiveness of our programs and make changes to improve the quality of our services. Thank you for taking the time to fill out this form. (Please indicate your rating by marking an "X" in the appropriate box)

Name (optional): \_\_\_\_\_ Date: \_\_\_\_\_

Program: \_\_\_\_\_ Counsellor: \_\_\_\_\_

**Did you receive the kind of service you wanted?**

|                   |              |                                       |           |                |
|-------------------|--------------|---------------------------------------|-----------|----------------|
| Very Dissatisfied | Dissatisfied | Neither Satisfied<br>nor Dissatisfied | Satisfied | Very Satisfied |
|                   |              |                                       |           |                |

**Have the services you received helped you to deal more effectively with your issues / concerns?**

|                   |              |                                       |           |                |
|-------------------|--------------|---------------------------------------|-----------|----------------|
| Very Dissatisfied | Dissatisfied | Neither Satisfied<br>nor Dissatisfied | Satisfied | Very Satisfied |
|                   |              |                                       |           |                |

**I feel my counsellor understood my concerns / issues.**

|       |        |           |         |        |
|-------|--------|-----------|---------|--------|
| Never | Rarely | Sometimes | Usually | Always |
|       |        |           |         |        |

**Did you feel the services you received were easily accessible?**

|       |        |           |         |        |
|-------|--------|-----------|---------|--------|
| Never | Rarely | Sometimes | Usually | Always |
|       |        |           |         |        |

If you were to seek support again, would you come back to our program? Yes:  No:

How long did you wait for services after you contacted ICS? \_\_\_\_\_

**What things did you find most helpful about the services you received?**

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**Can you think of anything that we might do differently?**

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