

Piece of Our Puzzle



IMPROVING THE QUALITY OF LIFE
FOR THE BEST INTERESTS OF OUR SPECIAL NEEDS CHILDREN

Piece of Our Puzzle LLC
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In order to ensure the satisfaction of your family and maintain quality services, we ask that you take a moment to complete the below survey. Please let us know what you would like to see Piece of Our Puzzle improve as well as anything that may have worked really well for you and your family within our service delivery. Our ultimate goal is progress, participation and satisfaction. When you are finished the survey, please detach and send back to our office. You can also email the completed form to erin@pieceofourpuzzle.com - Thank you for your time!

Kindly,
Erin Farrell M.Ed., LBS
Director

Name of Person Completing Form and Relationship to Child: _____

Name of Child: _____ Age: _____ Birthday: _____

Address: _____ Phone Number: _____

My child receives the following services: _____

Staff are on-time and punctual -- NEVER SOMETIMES ALWAYS N/A

Staff are knowledgeable in the areas that they provide services for - NEVER SOMETIMES ALWAYS N/A

Staff has a good rapport with my child and family - NEVER SOMETIMES ALWAYS N/A

I feel as though progress is being made - NEVER SOMETIMES ALWAYS N/A

I have a better understanding of the services being provided - NEVER SOMETIMES ALWAYS N/A

I feel a part of my child's team - NEVER SOMETIMES ALWAYS N/A

I am able to communicate with my child's team - NEVER SOMETIMES ALWAYS N/A

Services are taking place to fit my family's schedule - NEVER SOMETIMES ALWAYS N/A

Additional Comments: _____
