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**Parent Feedback Form**

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 on, as well as anything that may have worked well within our service delivery. When you are finished, please send in with your child or email to [afarrell@pieceofourpuzzle.com](mailto:afarrell@pieceofourpuzzle.com)

Thank you for your time!

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 knowledgeable in the area that service is provided

Never	Sometimes	Always	N/A
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- Staff has a good rapport with my child and family

Never	Sometimes	Always	N/A
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- I feel as though progress is being made

Never	Sometimes	Always	N/A
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- I have a better understanding of the services being provided

Never	Sometimes	Always	N/A
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- I feel a part of my child's team

Never	Sometimes	Always	N/A
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- I am able to communicate with my child's team

Never	Sometimes	Always	N/A
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- I feel that my child and I are respected

Never	Sometimes	Always	N/A
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Additional Comments: