



ADVOCACY PROGRAM
2017 Client Satisfaction Survey

Child's Name: _____ DOB: _____ Date: _____

Parent's Name: _____ Phone: _____

Please answer **ALL** of the following questions:

1. I have gained advocacy skills as a result of my participation in this program.

Strongly Disagree ① Disagree ② Agree ③ Strongly Agree ④

2. The services provided will help me advocate for my child in the future.

Strongly Disagree ① Disagree ② Agree ③ Strongly Agree ④

3. I would recommend the Advocacy Program to other parents.

Strongly Disagree ① Disagree ② Agree ③ Strongly Agree ④

4. Overall, how satisfied are you with the services provided?

Very Dissatisfied ① Somewhat dissatisfied ② Somewhat satisfied ③ Very Satisfied ④

Comment:

Please return by **June 15th**, 2017 to:

FND of Broward County, Inc., P.O. Box 260909, Pembroke Pines, FL 33026

Or by Fax 1-866-747-8693

THANK YOU FOR YOUR COOPERATION!