

Appalachian

State University
Communication Disorders Clinic

Referral Agency Survey

Date: _____

Thank you for choosing the Communication Disorders Clinic. Our experienced, certified staff strives to maintain the highest quality of service. We want to meet your special needs, and hopefully your expectations. To help us serve you more effectively, please complete this survey. Use the back of the form if necessary for additional comments.

Please comment on our staff:	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	Not Applicable
The clinic provided information about current services and fees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Procedures concerning referral to the clinic were easy to follow.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The clinic staff was courteous and helpful during the referral process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written reports were complete and accurate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written reports were disseminated in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The certified professional staff were available for consultation when needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clients referred by the agency demonstrated adequate progress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The certified professional staff advocated for additional services for clients when appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conflicts between the agency and the clinic were resolved satisfactorily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clients referred by the agency expressed satisfaction with services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The fact that student clinicians were involved in the provision of services was not a problem for the agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The fact that services were offered on primarily a semester basis was not a problem for the agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you recommend our services to other clients? Yes No
Why or Why not? _____

Please provide any comments or suggestions that might help us improve our services. _____

Age of the person receiving the services: _____ Male Female

Agency Name (Optional) _____

Age of the person receiving the services: _____ Male Female

County in which you are located: _____