



Tender Touch Therapy Satisfaction Survey

We are conducting a confidential survey to get parent's ideas and feedback so we can direct our programs and develop worthwhile improvements. (We would like to use the feedback from this to generate a parent networking group to help implement the suggested improvements.)

We know your time is precious, however, could you please take a moment to fill out this survey so we may better serve you and your child. Thank you.

1. How did you hear about Tender Touch Therapy (TTT)?
2. If you were referred, by whom?
3. What are we doing well?
4. What could we change?
5. Is there something you would like to see offered that isn't currently?

Please rate the following on the 1-5 scale: 1-Poor, 2-Fair, 3-Good, 4-Very Good, 5-Excellent or N/A-not applicable

1. Length of time you waited for appt. 1 2 3 4 5 n/a
2. Convenience of office location 1 2 3 4 5 n/a
3. Ability to get a hold of staff/therapist 1 2 3 4 5 n/a
4. Time therapist spends working with client 1 2 3 4 5 n/a
5. Quality of time spent in therapy 1 2 3 4 5 n/a
6. Therapist explanation on purpose of techniques used 1 2 3 4 5 n/a
7. Ability to carry out program at home 1 2 3 4 5 n/a
8. Therapist knowledge/ability to meet your needs 1 2 3 4 5 n/a
9. Communication between therapist & family 1 2 3 4 5 n/a
10. Cleanliness of facility 1 2 3 4 5 n/a

Would you recommend TTT to others? YES NO

Would you like to be involved in a parent networking group? If yes, please leave your contact information. Thank you again for your time. We value your input.