



CPC FAMILY SESSION SATISFACTION SURVEY

Date of family session: _____ Who referred you to CPC (optional): _____

Person completing this survey, check one:

Parent/Caregiver; Youth; Other family member; Other: _____

This survey is anonymous. Responses will be used to help the CPC membership improve our process. Your responses will not affect the implementation of your CPC recommendations.

Instructions: Mark the option that best matches your level of agreement with each statement.

<i>During the CPC family session, how satisfied were you with each of the following:</i>	Very satisfied	Somewhat satisfied	Neither satisfied nor unsatisfied	Somewhat unsatisfied	Very unsatisfied
Being listened to?					
Being understood?					
Feeling respected?					
Length of CPC family session?					
List of CPC recommendations?					
Location and room of the CPC session					

Comments on any of the above items:

Did you provide information and/or documentation for the CPC Referral form? Yes No

Comments:

Did you participate in the completion of the CPC referral packet? Yes No

Comments:

Did you receive timely notice of the CPC Family session date/time/location? Yes No

Comments:

Did you know what to expect from your CPC Family session? Yes No

Comments: