

Service Evaluation Questionnaire

CHILD FORM



At Crossroads we are committed to a quality program. Your feedback is very important to us. Thank you for taking the time to complete this form. Please seal it in the envelope provided and return.

Date: Child's Name:

Program: My worker's name:

THE PERSON WHO HELPED ME FILL OUT THIS FORM WAS:

| | Great | A lot better | A little bit better | Same | Worse |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I came to this program with some problems. These problems are better for me now than when I first came. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | Very helpful | Helpful | A little bit helpful | Not very helpful | Not helpful at all |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| My time with Crossroads was very helpful to me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Is there anything you would like to say about Crossroads OR about your worker:

| |
|-------------------------------------|
| <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |
|-------------------------------------|