



Sample #1 Client Survey

Client Evaluation of Services	
Client Name:	
Location (City/County):	
[Other Demographics]	

Please provide your feedback to help improve our services and plan future services.

1. Please place an X next to the service(s) you received from our agency:

Case Management	<input type="checkbox"/>	Education-Related Assistance:	<input type="checkbox"/>
Employment-Related Assistance:	<input type="checkbox"/>	Food:	<input type="checkbox"/>
Other Emergency Assistance:	<input type="checkbox"/>	Referral:	<input type="checkbox"/>
Rent Assistance:	<input type="checkbox"/>	Utility Assistance:	<input type="checkbox"/>
Weatherization:	<input type="checkbox"/>	[Agency-Specific Service]:	<input type="checkbox"/>
Other Services – please explain:			

2. Rate how satisfied you are with the service(s) you received from our agency by circling the rating which best describes your experience:

Rating	N/A	Poor	Fair	Good	Excellent
How did staff treat you?	0	1	2	3	4
Did staff do what they said they would do to assist you?	0	1	2	3	4
Did staff assist you in a timely manner?	0	1	2	3	4
How was your overall service experience?	0	1	2	3	4

3. Are there other types of assistance or services which you are seeking that our agency did not provide?

Yes No

If yes, please describe what the assistance or services are in the space below.

4. Do you have any recommendations to improve how we serve you?

Thank you for taking time to provide us your feedback.