## REHABILITATION ASSOCIATES, INC. PEDIATRIC CLIENT SATISFACTION SURVEY

In order to improve our services we would appreciate your feedback. Thank you for your time and for choosing REHABILITATION ASSOCIATES, INC. as the provider of your child's therapy services.

What service(s) have your child(ren) receiving at REHABILITATION ASSOCIATES, INC.?

Physical Therapy	□Occupational Therapy □Speech and Language Therapy □ Pla		🗆 Play	ay Therapy/Social Work						
At which office did yo	our child(ren) receive servi	ces?								
∃ Fairfield □ Milford		□ Shelton □ Stratford			□ Westport					
	1 to 5 to rate your level of y item, please comment o		-		-					lf you
					Satisfaction level					
					NotVery					
1. Clinical know	ledge and professionalism	in the evaluation and t	reatment of my	child.	1	2	3	4	5	
2. Therapy staff	ff's ability to answer my questions and involve me in goal setting.				1	2	3	4	5	
3. Home activit	y suggestions were helpful	and reasonable.			1	2	3	4	5	not provided
	4. Therapy has made a difference in my ability to care for my child and understand my child's current skills.				1	2	3	4	5	
5. My child is m	aking progress because of	the therapy provided.			1	2	3	4	5	
6. I am aware o	f community resources/su	pport groups/programs	for my child.		1	2	3	4	5	
7. Business offic	ce staff were courteous an	d helpful.			1	2	3	4	5	
8. The facility w	as clean and conducive to	rehabilitation.			1	2	3	4	5	
9. Overall I have	e been satisfied with the se	ervices my child has rece	eived.		1	2	3	4	5	
Additional comm	ents:									

Thank you for taking the time to complete this survey. Please return it to *Ali Gilbey, Director of Pediatrics* at: *Rehabilitation Associates, Inc. 1931 Black Rock Turnpike Fairfield, CT 06825 or drop it in the Customer Satisfaction box at any of our offices.* 

You can also give it to our business office or your therapist and have it forwarded to Ali Gilbey.