

Child and Family Connections Stakeholder Survey

CFC 14 or CFC 16: (Please circle one)

Provider Name: _____ Date: ____/____/2014

Service Coordinator: _____

Disclaimer: The information collected is used to ensure that families are receiving proper services, and that CFC personnel are committed to service improvement. Specific shared information will be kept in confidence but will be used for program improvement.

Please use the following scale: 1-Very Dissatisfied, 2- Somewhat Dissatisfied, 3-Satisfied,
(circle appropriate # for each) 4-Very Satisfied, 5-Extremely Satisfied, NA-Not Applicable

- | | | | | | | |
|---|---|---|---|---|----|---|
| 1 | 2 | 3 | 4 | 5 | NA | 1. The IFSP meeting was facilitated by the service coordinator in a professional manner. |
| 1 | 2 | 3 | 4 | 5 | NA | 2. During the IFSP meeting you were given equal opportunity to share your input. |
| 1 | 2 | 3 | 4 | 5 | NA | 3. The service coordinator provided sufficient notice for the scheduled meeting. |
| 1 | 2 | 3 | 4 | 5 | NA | 4. I received the meeting packet in a timely manner. |
| 1 | 2 | 3 | 4 | 5 | NA | 5. The service coordinator provided a complete packet. |
| 1 | 2 | 3 | 4 | 5 | NA | 6. Phone calls from the service coordinator/CFC staff were returned in a timely manner. |
| 1 | 2 | 3 | 4 | 5 | NA | 7. Please rate your overall satisfaction with your interaction with this service coordinator. |
| 1 | 2 | 3 | 4 | 5 | NA | 8. Please rate your overall satisfaction with the CFC support staff. |
| 1 | 2 | 3 | 4 | 5 | NA | 9. Please rate your overall satisfaction with the CFC Manager. |

Please add any additional Comments or Concerns: _____

_____.

What could we do to improve your experience with the CFC? _____

_____.

Please return this completed form to Jim Runyon, CFC 14 and CFC 16 Fiscal Agent. Scan and email to jrunyon@ci.easterseals.com, fax to 309-686-7722, or mail to 507 E. Armstrong Ave., Peoria, IL 61603.

Place any additional comments on the reverse side—THANK YOU!