



Parent Satisfaction Survey

All parents are invited to complete this form at every review of their child’s program, or any other time desired by the parent. Responses will be kept confidential and are used to improve our services to children.

Please rate, on a scale of 1 (never or not at all) to 5 (very much or all the time), or N/A (not applicable) how we performed in the following areas:

1. Therapy was effective in increasing my child’s skills.	1	2	3	4	5	N/A
2. Behavior Technicians were reliable.	1	2	3	4	5	N/A
3. Supervisors were reliable.	1	2	3	4	5	N/A
4. I felt my concerns were taken seriously.	1	2	3	4	5	N/A
5. I felt respected in my interactions with OAI staff.	1	2	3	4	5	N/A
6. Behavior technicians seemed well trained.	1	2	3	4	5	N/A
7. Supervisors seemed well trained.	1	2	3	4	5	N/A
8. I learned how to help my child increase skills.	1	2	3	4	5	N/A
9. I learned how to help my child behave better.	1	2	3	4	5	N/A
10. I would recommend OAI to another family.	1	2	3	4	5	N/A

Thank you for completing this form!

You may choose to add your name, but if you feel more comfortable providing feedback anonymously please leave the name field blank.

Name: _____

You can email this form to: agifford@OAIautism.com

Or Fax it to: 860-896-8082 Or mail it to: OAI Autism
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