



FRC: _____

Date: _____

WHAT TOWN DO YOU LIVE IN? _____

**FAMILY RESOURCE CENTER
SATISFACTION SURVEY FOR SERVICES**

The Family Resource Center would like to learn about your experiences with the services it offers. Please take a few minutes to complete this brief survey so we can help improve our services. If you would like to complete the survey online, please use this link: <http://www.surveygizmo.com/s3/3354726/FRC-Sat-Survey-ser-cover>

Type(s) of services received. *Please check all that apply.*

- General Individual / Family Support
- Information and Referral (examples, GED, Food Pantry, Housing, Mental Health Referrals)
- Support Groups (examples: Mothers, Fathers, Teen Support Group, Latino Parents, Grandparents)
- Life Skills Workshops (examples: Financial Classes, Anger or Stress Management Classes)
- Adult Education Programs (examples: Job Training, Computer Classes)
- Child Education Programs (examples: Head Start, Preschool, General School, Working with School Liaison)
- Arts / Cultural Events (examples: Cooking Events, Poetry)
- Play Groups (examples: Parent/Child Play Group)
- Sports and Recreation Events (examples: Cookouts, Holiday Parties, Sporting Events, Family Fun Nights)
- Children Requiring Assistance Assessment - working with the Clinician
- Children Requiring Assistance Family Support Plan
- Other _____

1. Thinking of the services you received in the last 12 months from Family Resource Center, how much do you agree with each of the following statements. *Please select one response per statement.*

Comments	Agree completely	Agree somewhat	Disagree somewhat	Disagree completely	Not Applicable
The location is convenient for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The hours the FRC are open are convenient for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The services fit my needs and were helpful to me and my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The staff treated me and my family with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My family situation has gotten better because of the services I received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, I am very satisfied with the services provided by Family Resource Center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend this FRC to other families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. What other services would you like to see offered at the Family Resource Center?
3. Have any of the following prevented you from participating in programs or services?
(Please check all that apply)
- | | |
|---|---|
| <input type="checkbox"/> Time of the program | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Wait List | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> We did not feel welcome | <input type="checkbox"/> Language |
| <input type="checkbox"/> Type of program needed was not offered | <input type="checkbox"/> Other _____ |

Additional comments:

Background Information: (VOLUNTARY)

1. How old are you? _____
2. Are you a parent (either birth, adoptive, step or foster) or a grandparent?
- Yes, parent
 - Yes, grandparent
 - No
3. What is your gender?
- Female
 - Male
 - Transgender
 - Other
4. Which one or more of the following would you say is your race/ethnicity?
- | | |
|--|---|
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> White |
5. How long have you been using the Family Resource Center services and programs?
- Just started (less than 1 month)
 - 2 – 6 Months
 - 7 – 12 Months
 - More than a year

THANK YOU FOR YOUR OPINION!
*Your participation on this survey is greatly appreciated.
 It will help us with planning for future programs and services.*