



**Trail Association for Community Living
Career Development Services**

FAMILY/CAREGIVER SATISFACTION SURVEY

This survey is designed for persons who have a relationship with TA CL. We would like your input as to how well we are doing in supporting you, as well as the individuals we serve. We value your input and use the information we gather to help us improve and develop performance goals for the coming year. This survey is confidential. All responses will be collected and combined into a summary report. Your name will not be used the report.

When you have completed your survey, please return to the Trail Association for Community Living within five working days in the envelope provided.

Please read each question carefully and select the response that best reflects your response.

What is your relationship to TA CL/CDS? _____

Section 1: Accessibility

Please indicate which of the following you see as current barriers to persons with disabilities:

- Lack of support to access community activities
- Communication (difficulties being understood)
- Inadequate funding for service providers
- Other (please Explain) _____

TA CL/CDS is making efforts to remove or reduce the barriers that you have indicated:

- Yes No N/A

Section 2: The Organization

		Rating			COMMENTS
		Y	N	?	
1.	The organization effectively addresses challenges as they arise.				
2.	The organization effectively communicates through notices, newsletters, phone calls, etc.				
3.	The organization is recognized in the community for supporting individuals with developmental disabilities.				
4.	The programs at the organization have clearly defined service goals.				

Section 3: Ethics, Attitudes and Responsibilities		Rating			COMMENTS
		Y	N	?	
1.	The organization honors the beliefs, values, and cultures of the people they support.				
2.	The organization maintains honesty, integrity, and objectivity while recognizing the vulnerability of the individuals they support.				
3.	The organization is making a positive difference in the lives of the individuals they support.				

Section 4: Level of Service and Professionalism		Rating			COMMENTS
		Y	N	?	
1.	The organization provides enough information about the services/programs we provide.				
2.	The matter you communicated to the organization was handled in a timely manner and by the appropriate person.				
3.	You have been kept up-to-date to your satisfaction.				
4.	Staff have been professional in their dealings with you.				
5.	Staff have been professional in their work / involvement with the individuals they serve.				
6.	I have no concerns about how staff represents the organization in any way.				
7.	The organization is providing adequate care and support to the individuals they serve.				

Section 5: Overall Satisfaction		Rating			COMMENTS
		Y	N	?	
1.	Is there anything else TACL can do to help the community be more welcoming, accepting and respectful of the individuals that we serve?				
2.	Is there anything else the organization can do in facilitating more direct, positive involvement, by the community, with the individuals in our care?				
3.	Is there anything else TACL can do regarding involvement with the families/caregivers of the individuals we serve?				
4.	Would you recommend our programs and services to others who might need it?				
5.	Do you have any additional comments or suggestions that may improve the services we provide at TACL/CDS?				

Thank you for your Participation!