



## Stakeholder Satisfaction Survey

Please complete the following survey to provide us with information so that we may continue to improve our life-changing services to your patients. Please fax to 860-748-4432 or mail to 100 Deerfield Road, Windsor, CT 06095. Thank you very much for your assistance.

|                    |                          |                    |                    |
|--------------------|--------------------------|--------------------|--------------------|
| Form completed by: | Physician's Office _____ | State Agency _____ | Other Agency _____ |
|--------------------|--------------------------|--------------------|--------------------|

Services referred (optional): PT \_\_\_\_ OT \_\_\_\_ SLP \_\_\_\_ SS \_\_\_\_ Neuropsychology \_\_\_\_

|   | Please check the box that best describes your experience |             |             |             |            |
|---|--|-------------|-------------|-------------|------------|
|   | <b>4</b>   | <b>3</b>    | <b>2</b>    | <b>1</b>    | <b>N/A</b> |
|   | <b>Excellent</b>   | <b>Good</b> | <b>Fair</b> | <b>Poor</b> |            |
| 1. Promptness of admission following my referral to the Center.           |  |             |             |             |            |
| 2. Promptness of addressing issues or requests directed to the Center.    |  |             |             |             |            |
| 3. Center staff accessibility and availability.                           |  |             |             |             |            |
| 4. Appropriate level of intensity, frequency, and duration of service.    |  |             |             |             |            |
| 5. Treatment plan appropriate to the patient's diagnosis.                 |  |             |             |             |            |
| 6. Appropriate scope of discharge planning and recommendations.           |  |             |             |             |            |
| 7. Patient progress reports received timely and with appropriate content. |  |             |             |             |            |
| 8. Satisfaction with the patient outcomes.                                |  |             |             |             |            |
| 9. Accuracy of program information as presented by staff, print, website. |  |             |             |             |            |
| 10. Overall impressions of the Center.                                    |  |             |             |             |            |

Please provide any additional information regarding the Center's programs that you feel would be beneficial.

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