

Parent Satisfaction Questionnaire

1. Demographics

1. In what County did the program operate?

2. What is the Staff Member's Name that is conducting this survey?

3. Which Unlimited Success program did your student participated in?

4. Please indicate the name of the school where your student received services from Unlimited Success?

Parent Satisfaction Questionnaire

2. Parent Satisfaction Questionnaire

Please use the following scale listed below to indicate how much you agree or disagree with each of the following statements about the Unlimited Success Program.

1. Please use the scale as indicated below:

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
Unlimited Success Staff dressed and acted professionally.	jñ	jñ	jñ	jñ	jñ
Unlimited Success Staff was knowledgeable about the material.	jñ	jñ	jñ	jñ	jñ
Unlimited Success Staff worked effectively with students.	jñ	jñ	jñ	jñ	jñ
Unlimited Success Staff communicated effectively with parents.	jñ	jñ	jñ	jñ	jñ
My child enjoyed the program.	jñ	jñ	jñ	jñ	jñ
My child benefited from the lessons and skills taught during the program.	jñ	jñ	jñ	jñ	jñ

2. In your opinion, what part of the Unlimited Success Program (i.e. lessons and skills, program staff, extra time, etc.) had the most influence on your child and his/her behavior?

3. Please describe successes and/or problems your child has experienced since completing the Unlimited Success Program?

4. Please list any suggestions you have on how to increase the quality of service or the quality of the program offered by Unlimited Success.

If you have questions or comments regarding this survey please contact info@unlimitedsuccessnc.org or call (336) 397-0154.