

Name \_\_\_\_\_  
 Date \_\_\_\_\_  
 Service Agency \_\_\_\_\_



**Satisfaction Survey  
 Prospects Program**

**Things I Do**

1	Do you go to places that you think are fun at least one time per week?	YES	NO
2	Do you know what needs to occur before you go more places (safety plan, progress in treatment)?	YES	NO
3	Who helps you make choices: <b>Please answer all questions.</b>		
3a	Staff	YES	NO
3b	Therapist	YES	NO
3c	Probation Officer	YES	NO
3d	Self	YES	NO
3e	Other	YES	NO
4	On most days, are you usually happy?	YES	NO
5	Comments:		

6	<b>Circle</b> all the things that you have done recently (within the last year): <b>Please answer all questions.</b>		
6a	I went shopping to buy some things such as clothes or a gift.	YES	NO
6b	I went to the bank, doctor, dentist, barber, etc.	YES	NO
6c	I went walking, hiking, swimming, fishing, bowling, golfing, etc.	YES	NO
6d	I went to a party, dance, eating out with friends, etc.	YES	NO
6e	I went to a group activity with other people in the Prospects Program.	YES	NO
6f	I did other things like:		
7	Do you receive the support you need to go to activities in the community with a community safety plan?	YES	NO
8	Comments:		

**Work (paid and volunteer)**

(You do not need to answer these questions if you are not working. If you participate in work and activities programs, please answer both sections).

9	Do you like what you do for work/volunteer activities?	YES	NO
10	Have you changed jobs in the last year?	YES	NO
11	Do you want to work/volunteer more hours?	YES	NO
12	Is your pay OK?	YES	NO
13	Comments:		

### Activities Program

(You do not need to answer these questions if you are not in an activities program. If you participate in work and activities programs, please answer both sections).

14	Do you have the opportunity to participate in an activities program?	YES	NO
15	Would you like any changes in your activities program?	YES	NO
16	Comments:		

### Home

17	Do you like who you live with?	YES	NO
18	Do you get to choose what you eat?	YES	NO
19	Can you have approved family and friends at your home?	YES	NO
20	Do you participate in daily household chores?	YES	NO
21	Comments:		

### Getting Around (Transportation)

22	This is what I use to get around: <b>Please answer all questions.</b>		
22a	My parents/host family/staff drive me around.	YES	NO
22b	I walk	YES	NO
22c	I use my wheelchair.	YES	NO
23	Do you have a ride when you need it?	YES	NO
24	Comments:		

### Feeling Safe

25	Do you feel safe at home?	YES	NO
26	Do you feel safe in the neighborhood where you live?	YES	NO
27	Do you feel safe in your town?	YES	NO
28	Do you feel safe at work/in your activities program?	YES	NO
29	Do you know someone who can help you when you are sick?	YES	NO
30	Do you know someone who can help you if there is a fire or other emergency?	YES	NO
31	Do you know how to call 911 if you need help?	YES	NO
32	Do you know when to call 911?	YES	NO
33	Do you know someone who can help you to call 911 if there is a need for it?	YES	NO

34	Is there staff available at all times to assist you in an emergency?	YES	NO
35	Do you sometimes feel worried that something may happen to you?	YES	NO
36	Comments:		

**Choice**

37	Have you been given the opportunity to make appropriate choices regarding the following:		
37a	What you can buy	YES	NO
37b	Work/Volunteer Activities	YES	NO
38	Comments:		

**Relationships**

39	Do you sometimes feel lonely, like you don't have anyone to talk to?	YES	NO
40	Do you get along with your family (parents, brother, sister)?	YES	NO
41	Do you see your family?	YES	NO
42	On most days, are you usually sad?	YES	NO
43	Do you have someone (staff, family, friends) that you can talk to, share your thoughts and get advice?	YES	NO
44	Comments:		

**Individual Plan (IP)**

45	Did you go to your last IP meeting?	YES	NO
46	Did you feel that people understood what you wanted at the IP meeting?	YES	NO
47	Do you feel that people at the meeting kept their promises during the year?	YES	NO
48	In the last year, did staff help you learn new things that are important to you?	YES	NO
49	Comments:		

**Help You Get (Services and Supports)**

**Case Management** (please insert the name of the case manager)

50	Do you get to talk to ... .. when you need him/her?	YES	NO
51	Do you get the help you need from ... ..?	YES	NO
52	Comments:		

### Activities/Work Program

You do not need to answer these questions if you are not in an activities or work program

53	Do you get to talk to the staff that work with you when you need them?	YES	NO
54	Are you getting all the help that you need from the staff that work with you?	YES	NO
55	Comments:		

### Residential Program

You do not need to answer these questions if you do not receive residential services

56	Do you get to talk to the staff that work with you when you need them?	YES	NO
57	Are you getting all the help that you need from the staff that work with you?	YES	NO
58	Comments:		

### Rights

59	Do you know how to make a complaint?	YES	NO
60	Have you received a copy of your rights in the past year?	YES	NO
61	Do you have information about the following in regard to your program:		
61a	Suspension of Rights	YES	NO
61b	Benefits of Therapy	YES	NO
61c	Chaperone Training	YES	NO
61d	Restricted Social Interactions per your IP	YES	NO
62	Comments:		

**63 Is there anything else you would like to add?**


**This survey was completed by:**

<input type="checkbox"/>	Individual himself/herself
<input type="checkbox"/>	Individual with help from (name) _____
<input type="checkbox"/>	Staff (name) _____ with information from the individual
<input type="checkbox"/>	Parent/legal guardian (name) _____ with information from the individual
<input type="checkbox"/>	Staff (name) _____