

**~Client Satisfaction Survey~**

We would like to have your input on how we may improve this school before your next visit.....What are your thoughts?

School Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name (optional): \_\_\_\_\_

Check Your Status: \_\_\_ Parent \_\_\_ EACS resident \_\_\_ Other

Please rate the following by circling one response/answer:

- |                             |      |      |      |       |
|-----------------------------|------|------|------|-------|
| 1. Assistance you received  | Poor | Fair | Good | Great |
| 2. Helpfulness of the Staff | Poor | Fair | Good | Great |
| 3. Courteousness of Staff   | Poor | Fair | Good | Great |
| 4. Appearance of facility   | Poor | Fair | Good | Great |

Please describe one thing that occurred during your visit that could Be improved: \_\_\_\_\_

Please describe one thing that occurred during your visit tat we did well:

Additional Comments/Suggestions: \_\_\_\_\_

Would you like to receive a telephone call from this school to discuss your comments and/or suggestions? \_\_\_ Yes \_\_\_ No

Please return this form at your earliest convenience.

Thank you for your input.

Dr. Karyle Green, Superintendent of Schools  
East Allen County Schools