



Chester County Intermediate Unit

Student Services Division - Assessment & Clinical Services

Home, School & Community Council

Client Name: _____

Date _____

Consumer Satisfaction Survey

Circle the number which best represents your belief

Item		Strongly Disagree				Strongly Agree
1.	The Council was able to agree on strategies for the child.	1	2	3	4	5
2.	The Council was able to identify the child/family goals.	1	2	3	4	5
3.	Providers are meeting identified timelines consistently.	1	2	3	4	5
4.	The Council was able to agree on a plan that reflects the child's desires.	1	2	3	4	5
5.	The Council was able to effectively problem solve.	1	2	3	4	5
6.	Council facilitation was effective.	1	2	3	4	5
7.	The Service Providers have been able to address the child's desires as written in the plan.	1	2	3	4	5
8.	The agencies that agreed to work to meet the child's concerns continue to be involved.	1	2	3	4	5
9.	There has been an increase in the number of agencies that support the child.	1	2	3	4	5
10.	The interactions/communication between agencies, support providers, and family members are productive.	1	2	3	4	5
11.	There has been an increase in the number of natural [non-paid] support staff that support the child.	1	2	3	4	5
12.	My vision for a positive future for this child has improved	1	2	3	4	5
13.	The number of changes that support the child at home has increased.	1	2	3	4	5
14.	The number of changes that support the child at school has increased.	1	2	3	4	5
15.	The number of changes that support the child in the community has increased.	1	2	3	4	5

Signature: _____

Date: _____