

# Action for ASD Client Satisfaction Survey: AS Screening Assessment Process



We would very much appreciate it if you could spend a few minutes filling in this questionnaire. We would like to know how you feel about the services we provide so we can make sure we are meeting your needs. Your responses are directly responsible for improving these services.

All responses will be kept confidential and anonymous.

Please complete and return the questionnaire in the SAE provided.

## Referral Process

**How satisfied are you with your overall experience regarding your referral for the pre-diagnosis screening assessment through Action for ASD?**

Extremely satisfied [ ]      Very satisfied [ ]      Not very satisfied [ ]      Not satisfied at all [ ]

**How satisfied were you with the initial letter and information you received regarding the assessment process?**

Extremely satisfied [ ]      Very satisfied [ ]      Not very satisfied [ ]      Not satisfied at all [ ]

**If you spoke to a member of our team, how satisfied were you with the information he/she gave you? Not applicable [ ]**

Extremely satisfied [ ]      Very satisfied [ ]      Not very satisfied [ ]      Not satisfied at all [ ]

**If so, how satisfied were you with his/her personal manner (courtesy, sensitivity, friendliness)?**

Extremely satisfied [ ]      Very satisfied [ ]      Not very satisfied [ ]      Not satisfied at all [ ]

**Did any of our staff make your experience particularly good? If so please let us know.**

---

---

---

---

---

---

---

---

**Please continue on back page**

# Assessment Process

## How satisfied were you with the waiting time for your screening assessment?

Extremely satisfied [ ]      Very satisfied [ ]      Not very satisfied [ ]      Not satisfied at all [ ]

## During your assessment did the assessor make you feel:

**Listened to?** Yes [ ] No [ ]      **Respected?** Yes [ ] No [ ]

## How would you rate the assessor on the following elements:

**Friendliness:**                      Excellent [ ]      Good [ ]      Satisfactory [ ]      Poor [ ]

**Listening skills:**                      Excellent [ ]      Good [ ]      Satisfactory [ ]      Poor [ ]

**Communication skills:**                      Excellent [ ]      Good [ ]      Satisfactory [ ]      Poor [ ]

**Advice given:**                      Excellent [ ]      Good [ ]      Satisfactory [ ]      Poor [ ]

## If you have accessed support and/or services through the adult service, please rate the following elements: Not applicable [ ]

**Friendliness:**                      Excellent [ ]      Good [ ]      Satisfactory [ ]      Poor [ ]

**Listening skills:**                      Excellent [ ]      Good [ ]      Satisfactory [ ]      Poor [ ]

**Communication skills:**                      Excellent [ ]      Good [ ]      Satisfactory [ ]      Poor [ ]

**Advice given:**                      Excellent [ ]      Good [ ]      Satisfactory [ ]      Poor [ ]

## Do you feel that your confidentiality is respected and trust Action for ASD to hold your personal information securely? Yes [ ] No [ ] Unsure [ ]

if you have ticked no or unsure, please leave your contact details so we can contact you to discuss this further.

## How would you rate the overall standard of the service you have received from Action for ASD?

Excellent [ ]      Good [ ]      Satisfactory [ ]      Poor [ ]

## What can we do to improve our service?

---

---

---

---

---

---

Thank you for taking the time to complete this questionnaire.