

**TIPS for Kids Clinic
Family Satisfaction Evaluation**

Date: _____

Parent/Guardian: We are interested in your perception of our team’s effectiveness in terms of family-centered care. Please rate both the importance and your satisfaction regarding the following issues. Circle the number that best indicates your answer.

1. **The team’s ability to listen to your description of your child.**

Not Important	Moderately Important	Very Important		Not Satisfied	Moderately Satisfied	Very Satisfied
1	2	3		1	2	3
				4		5

2. **The team’s method of sharing information about your child’s strengths/needs.**

Not Important	Moderately Important	Very Important		Not Satisfied	Moderately Satisfied	Very Satisfied
1	2	3		1	2	3
				4		5

3. **The team’s ability to explain your child’s diagnosis in easy to understand language.**

Not Important	Moderately Important	Very Important		Not Satisfied	Moderately Satisfied	Very Satisfied
1	2	3		1	2	3
				4		5

4. **The team’s willingness to consider your input about program recommendations.**

Not Important	Moderately Important	Very Important		Not Satisfied	Moderately Satisfied	Very Satisfied
1	2	3		1	2	3
				4		5

5. **The team’s ability to explain the general type of program that is appropriate for your child.**

Not Important	Moderately Important	Very Important		Not Satisfied	Moderately Satisfied	Very Satisfied
1	2	3		1	2	3
				4		5

6. **The team’s ability to answer your questions.**

Not Important	Moderately Important	Very Important		Not Satisfied	Moderately Satisfied	Very Satisfied
1	2	3		1	2	3
				4		5

7. **The team’s ability to be sensitive to your cultural background, values, and traditions during the evaluation and in making recommendations.**

Not Important	Moderately Important	Very Important		Not Satisfied	Moderately Satisfied	Very Satisfied
1	2	3		1	2	3
				4		5

8. **The role of your evaluation coordinator (personal contact, service worker, case manager).**

Not Important	Moderately Important	Very Important		Not Satisfied	Moderately Satisfied	Very Satisfied
1	2	3		1	2	3
				4		5

9. **List what was the most helpful about your child’s evaluation.** (use back page if need more space)

10. **List any suggestions you may have for the team.** (use back page if need more space)

11. **In general, I agree/disagree with the findings of the team.** (circle one)

12. **Would you recommend TIPS for Kids Clinic to others?** Yes No

13. **Would you use the TIPS for Kids Clinic again if you needed to?** Yes No