



Satisfaction Survey

GateWay continuously strives to improve the quality of services we provide. Participant satisfaction is important to us, and it is helpful to get the opinions of those with whom we serve. Please assist us in improving service quality by taking the time to complete this survey. Your answers will be strictly confidential and used solely for the purpose of quality improvement. If you would like to discuss your opinions in more detail, please write your name and telephone number where you can be reached at the bottom of this survey. Thank You.

Check the GateWay Service'(s) the participant receives:

Community Living Supports (CLS) Respite Supported Employment (SE) Other: (Please specify) _____

Check your relationship to the participant: Self Family Member Guardian other: (Please specify) _____

Please Use Following Rating Scale

Strongly Disagree (1)	Disagree (2)	Neutral Undecided (3)	Agree (4)	Strongly Agree (5)
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GATEWAY STAFF:

GateWay Staff displays a professional attitude	1	2	3	4	5
GateWay Staff responds / follows through on a request for action	1	2	3	4	5
GateWay Staff displays knowledge and care of the participant	1	2	3	4	5

COMMUNICATION:

GateWay communicates clearly as to schedule / hours of service	1	2	3	4	5
GateWay Staff demonstrates effective communication	1	2	3	4	5
Input from participant / support persons is considered	1	2	3	4	5

PARTICIPANT SUPPORT SYSTEM - GENERAL:

Participants are treated with dignity and respect.	1	2	3	4	5
GateWay staff promotes personal independence /decision making	1	2	3	4	5
Information and policies in the handbook are clearly explained.	1	2	3	4	5
Participants rights and responsibilities are explained thoroughly	1	2	3	4	5

SERVICES:

GateWay has a variety of activities available for participants.	1	2	3	4	5
GateWay activities are meaningful, educational and interesting	1	2	3	4	5
GateWay ensures safety of participants while receiving services	1	2	3	4	5

What do you like **most** about the services GateWay provides to participants?

What do you like **least** about the services GateWay provides to participants?

Are there other Comments or Concerns you would like to express?

Would you like to receive this survey electronically? Please include your e-mail address: _____

Name/Telephone Number (optional): _____

THANK-YOU for your time to complete and mail back this survey!

Please mail to attention Tami Gould at: 1440 E. Empire Ave, Benton Harbor, MI 49022 **or**

Email at: tgould@gatewayvro.com