



GROUP HOME SERVICES SURVEY

Participant: _____ Date: _____

We would like you to take a few minutes and provide us with feedback regarding services at Paladin, Inc. This information helps us learn about what services are helpful to you and what needs to be developed and/or improved in our system. **Please complete this form and return to the Human Resource Manager.** Thank you!

Person completing this survey

Participant

Participant with Assistance

Parent/Caregiver

	<u>YES</u>	<u>NO</u>	<u>SOME TIMES</u>
1. Are you generally satisfied with the services received at Paladin, Inc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you generally satisfied with your Medical personnel (i.e. family doctor, dentist, vision doctor, hearing doctor, psychiatrist, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you satisfied with your Care Coordinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you happy with the community activities (i.e. bowling Special Olympics, movies, dances, restaurants, etc.) you participate in?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you satisfied with your Individual Support Plan (ISP) or Individual Habilitation Plan (IHP)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you satisfied with your Behavioral Support Plan (BSP) or Behavioral Management Plan (BMP)? <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you feel you are getting all the services you need?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you like where you live?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you satisfied with your roommate (s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have input in the rules of your residency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. What do you like best about Paladin, Inc.? _____

12. What do you like least about Paladin, Inc.? _____

13. What additional or new services would you like to see available? _____

14. "What could Paladin, Inc. do to improve the services offered? _____

Additional Comments: _____



PARTICIPANT STAFF PERFORMANCE SURVEY

STAFF MEMBER YOU ARE EVALUATING: _____

COMPLETED BY _____

Your Name

Date Completed

OR _____

Assisted by

Title

I do not wish to complete survey at this time. If NO, please place this page in client file.

We would like you to take a few minutes and provide us with feedback regarding your supervisor or other staff member that has contact with you at Paladin. This information helps us in making sure that you are receiving the best possible services we can provide. The results of the survey will be reviewed with your supervisor and/or the staff member being evaluated so that we can better serve your needs. Thank you.

PERFORMANCE RATING FACTORS	YES	NO	SOMETIMES
<u>SAFETY</u> My staff follows safety rules when working with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>RESPECT</u> My staff treats me with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>CONCERN</u> My staff listens to me and is interested in my wants and needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>PRIVACY</u> My staff follows procedures that keeps my information private and does not talk to others about me or in front of other clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>OVERALL</u> I am generally satisfied with my staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "NO" or "SOMETIMES" to any of the above, please comment WHY so that we may take steps to improve our services to you.