

# Applied Behavior Analysis Family Satisfaction Survey

To provide the best possible behavioral health services, we want to know what you think about the services your child received in the past 6 months. The parent or guardian who had the most contact with your child's service provider should fill out this survey. Your answers are confidential and will not be shared with the ABA Provider.

Please indicate how much you agree or disagree with each of the following statements by choosing the number from "1" - Strongly Agree to "5" - Strongly Disagree that best describes how you feel. Choose N/A to indicate that this item does not apply to you.

Who is your service provider: \_\_\_\_\_

Overall Satisfaction						
	Strongly Agree 1	Agree 2	Undecided 3	Disagree 4	Strongly Disagree 5	N/A
1. Overall, I am satisfied with the services my child received.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I was involved in the creation of my child's Individual Plan of Service (Treatment Plan).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I helped to choose my child's treatment goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. ABA Staff were prepared for sessions with my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. ABA Staff treated my family with dignity and respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. ABA Staff explained services in ways that were easy for me to understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. ABA Staff were sensitive to my cultural or ethnic background.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I participated in my child's treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. The location of services was convenient for us.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 10. I feel that my child's treatment/therapy was appropriate.
- 11. I feel that the ABA services provided meet my child's needs.

**Overall Satisfaction**

	Strongly Agree 1	Agree 2	Undecided 3	Disagree 4	Strongly Disagree 5	N/A
1. My child is more independent in everyday activities (dressing, chores, meals, hygiene, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My child has improved their social interaction (talking, playing, approaching, sharing, etc.) with family members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. My child has improved their social interaction (talking, playing, approaching, sharing, etc.) with people outside of family (friend, teachers, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My child has improved in their school or work performance (task completion, attention, following directions, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. My child has improved coping skills (ask for more time, make choices, stay calm when frustrated, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. My child has improved communication skills (ask for what you want, understanding directions, talk with others, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. My child has improved ability to express emotions (saying if you are happy or sad, letting someone know you like something, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I feel more prepared in meeting the needs of my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How long (number of months) has your child received ABA services? \_\_\_\_\_

What is your child's age? \_\_\_\_\_