



2 Pillsbury Street, Suite 404
Concord, NH 03301
Phone: (603) 228-STAR (7827)
Fax: (603) 228- 7828
www.swingforthestars.com

Dear Family,

We hope you found your recent evaluation experience at Swing for the Stars to be a pleasant and informative one. At Swing for the Stars it is extremely important for us to provide the best in evaluation and therapy services. We want to make sure that your first experience here was a positive one for both the parent(s) and the child. With that said, we hope you will take the time to fill out the enclosed survey. Your input is invaluable to us as we are continually looking for ways to improve on what we do.

We would greatly appreciate it if you would take the time to complete the survey and return it to us at your earliest convenience. Thank you in advance for your feedback. We look forward to seeing you again soon!

Sincerely,

A handwritten signature in cursive script that reads "Jennifer St. Cyr".

Jennifer St. Cyr
Office Manager
Swing for the Stars Pediatric Therapy Center, LLC



2 Pillsbury Street, Suite 404
Concord, NH 03301
Phone: (603) 228-STAR (7827)
Fax: (603) 228- 7828
www.swingforthestars.com

EVALUATION SATISFACTION SURVEY

Swing for the Stars values the opinion and experiences of the families that come through our doors. For that reason, we ask you to please provide us with feedback that we can use to continue to do the best job possible with the families and the client's we work with.

Evaluating Therapist: _____ **OT** **Speech** **PT**

Based on your recent evaluation experience at Swing for the Stars, please rate the following statements using the provided scale:

4= Agree Completely **3= Agree Somewhat** **2= Disagree Somewhat** **1= Disagree Completely**

INTAKE / SCHEDULING PROCESS

1. Someone returned my phone call/website submission promptly to complete the intake process 4 3 2 1 NA
2. The person completing the intake was friendly and was able to answer my questions 4 3 2 1 NA
3. I was able to get an evaluation time that was convenient for our family and our schedule 4 3 2 1 NA

Comments/Suggestions: _____

EVALUATION EXPERIENCE

1. The evaluating therapist was warm and friendly to me and my child and made us feel comfortable 4 3 2 1 NA
2. The evaluating therapist was able to answer all my questions and/or concerns in a way that was understandable 4 3 2 1 NA
3. The clinic was a clean and welcoming environment 4 3 2 1 NA
4. I feel like my concerns were heard and that the evaluation was able to shed light on my concerns 4 3 2 1 NA

Comments/Suggestions: _____

EVALUATION REPORT

1. I received the evaluation report within the reported timeframe (2-5 weeks) 4 3 2 1 NA

Please share how many weeks after your appointment you received your evaluation report: _____

2. The evaluation report was well written 4 3 2 1 NA

3. The evaluation report was easy to understand 4 3 2 1 NA

4. The evaluation report answered the questions/concerns I had going into the evaluation 4 3 2 1 NA

Comments/Suggestions: _____

OVERALL EXPERIENCE

1. My experience at Swing for the Stars was a positive one 4 3 2 1 NA

2. My child enjoyed their time at Swing for the Stars 4 3 2 1 NA

3. I would recommend Swing for the Stars to others 4 3 2 1 NA

Comments/Suggestions: _____

Please share any additional comments, suggestions or concerns you would like us to know about your experience at Swing for the Stars: _____

Thank you again for your time and cooperation as we try and improve the services we provide!!