



2 Pillsbury Street, Suite 404  
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[www.swingforthestars.com](http://www.swingforthestars.com)

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Dear Family,

Upon the recent discharge from therapy services at Swing for the Stars Pediatric Therapy Center, we are hoping you have enjoyed your time with us and were impressed with the therapy your child received. At Swing for the Stars it is extremely important for us to provide the best in therapy services and make sure that your overall experience here has been a positive one for both you and your 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 could please take the time to complete the survey and return it to us at your earliest convenience. Thank you, in advance, for your feedback. We have enjoyed being a part of this journey with you and your family and wish you the best!

Sincerely,

A handwritten signature in black ink that reads "Jennifer St. Cyr". The signature is written in a cursive, flowing style.

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



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## THERAPY SERVICES SATISFACTION SURVEY

Based on your experiences at Swing for the Stars, please rate the following statements using the following scale:

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

**TREATING THERAPIST:** \_\_\_\_\_

**OT**     **SPEECH**     **PT**

### SCHEDULING/BILLING/ADMINSTRATIVE EXPERIENCES

- |  |   |
|--|---|
| 1. My phone call/e-mails were always returned promptly                   | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> NA <input type="checkbox"/> |
| 2. The front office staff was always friendly and approachable           | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> NA <input type="checkbox"/> |
| 3. I was able to get a treatment time that was convenient for our family | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> NA <input type="checkbox"/> |
| 4. All of my insurance/billing questions were answered clearly           | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> NA <input type="checkbox"/> |
| 5. The clinic was a clean and welcoming environment                      | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> NA <input type="checkbox"/> |

Comments/Suggestions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### THERAPY PROCESS EXPERIENCE

- |   |   |
|---|---|
| 1. My child’s therapist was approachable, warm and friendly to me and my child and made us feel comfortable       | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> NA <input type="checkbox"/> |
| 2. The goals developed by the therapist were appropriate and took into account my priorities for therapy outcomes | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> NA <input type="checkbox"/> |
| 3. My child’s therapy goals were reviewed with me and were understandable   | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> NA <input type="checkbox"/> |
| 4. Progress reports (done at 6 month intervals), were informative and clearly written                             | 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> NA <input type="checkbox"/> |

**THERAPY PROCESS EXPERIENCE CONTINUED...**

5. During the therapy process my child’s therapist was able to clearly answer questions and addressed my concerns 4  3  2  1  NA

6. I am satisfied with the progress my child made with the therapy services they received at Swing for the Stars 4  3  2  1  NA

Comments/Suggestions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OVERALL EXPERIENCE**

1. My overall 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please share any ideas you may have for ways we can enhance the services we offer at Swing for the Stars: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for taking the time to share information with us about your experiences at Swing for the Stars. We appreciate the feedback as we continually strive to provide the best services possible. Best of luck to you in the future!