



[Healthcare facility name]
809 E Beale Street
Kingman, AZ
928-753-0741

How Are We Doing?

Please take a few minutes to fill out this survey on the timeliness and quality of the service you receive.

[Healthcare facility name] welcomes your feedback and your answers will be kept confidential. Thank you for your participation.

Probation Officer

Who is the assigned Probation Officer to your child's case?

Overall, what is your satisfaction with your child's Probation Officer?

Outstanding Good Average Poor

Please explain:

Appointments

How often are office appointments scheduled for your child?

Weekly Monthly Other _____

Do you feel like the Probation Officer meets with you enough to meet your child's needs?

Yes No (If no, please explain) _____

When I meet with Probation I am provided the following: (mark all that apply)

a calendar a case plan clarification of expectations questions answered

I feel like I am involved in my child's case plan and the Probation Officer and I work together?

Outstanding Good Adequate
 Needs improvement Poor Other (If other, please explain)

Other

How would you rate the respect you receive from the assigned Probation Officer?

- | | | |
|--|-------------------------------|---|
| <input type="checkbox"/> Outstanding | <input type="checkbox"/> Good | <input type="checkbox"/> Adequate |
| <input type="checkbox"/> Needs improvement | <input type="checkbox"/> Poor | <input type="checkbox"/> Other (If other, please explain) |

The Probation Officer returns my phone calls in a timely matter:

- | | | |
|--|-------------------------------|---|
| <input type="checkbox"/> Outstanding | <input type="checkbox"/> Good | <input type="checkbox"/> Adequate |
| <input type="checkbox"/> Needs improvement | <input type="checkbox"/> Poor | <input type="checkbox"/> Other (If other, please explain) |

I feel like my child is receiving the correct services/programming from the Probation Department?

- | | | |
|--|-------------------------------|---|
| <input type="checkbox"/> Outstanding | <input type="checkbox"/> Good | <input type="checkbox"/> Adequate |
| <input type="checkbox"/> Needs improvement | <input type="checkbox"/> Poor | <input type="checkbox"/> Other (If other, please explain) |

Additional Feedback

Please share any additional comments.

Personal Information

Providing the following information is optional.

First Name

Last Name

Email

Phone