

Phoenix Resource Center, Inc P.O. Box 1197 Carrollton, GA 30117 Voice: 770) 834-0021 Fax: 678) 648-5594

Contact@PhoenixResourceCenter.org

Client Satisfaction Survey

Date:Phoenix Worker:			Case		
			Case Number:		
Sei	rvices Received:	completed by	PRC worker. Ch	eck all that apply.	
☐ Individual Counseling		☐ Family C	Counseling	☐ Transportation	☐ CCFA
□ Supervised Visitation		☐ Parent E	ducation	□ Early Intervention	
	Other:				
your		circle the appropriate		out the services you have red e space at the bottom of this	
1. My assigned Phoenix worker listened and considered my input during services.					
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
2.	I felt respected during ser	vices.			
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
3. The tools I learned during services have helped improve my family's life.					
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
4. This service was a positive experience for my family.					
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
5.	If I needed support again, I would come back to this program.				
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
	would appreciate any addit se services, or the program		might like to share	e on the services provided, th	e people who provided