

2018 Family Member/Guardian Stakeholder Survey

Handicapped Development Center

Please tell us about your experiences with HDC during the last year. Your input will help us to provide the best services possible.

- * 1. Please answer the following questions related to the services your family member receives.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
HDC staff keeps me updated on important matters concerning my family member.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HDC staff treats my family member with respect and dignity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The casemanager/ program supervisor is accessible to me if I have issues or concerns regarding services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am encouraged to participate in the planning of my family member's services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would recommend HDC to others in need of services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Overall, I am satisfied with the services my family member receives.

Strongly Agree Agree Neutral Disagree Strongly Disagree

2. Please provide further explanation for any areas in which you strongly agree.

3. Please provide further explanation for any areas in which you strongly disagree.

4. Please give us any more information you feel would be useful to improving services at HDC in the comment box below.

5. Please enter your name below (optional).