

## Direct Services Program Client Satisfaction Survey Results

Return your participant satisfaction survey results by November 15 of each year of funding to: Sylvia Brown Jones at brown-joness@michigan.gov. For questions, contact Ms. Brown Jones at (517) 241-7792.

Thank you.

Agency Name: \_\_\_\_\_ Contract#CTFDS- \_\_\_\_\_

Program Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**1. Describe how client/parent satisfaction is measured in the CTF-funded program.**

- 2. a) Does the program use a Likert scale survey?**  Yes  No  
**b) Open-ended survey?**  Yes  No

**3. How many surveys were distributed? \_\_\_\_\_ How many returned? \_\_\_\_\_**

**4. Why was this survey tool chosen?**

**5. What was your program's overall rating (if measurable)? \_\_\_\_\_**

**6. Categorize or describe any participant comments (including success stories or direct quotes).**

**7. List any unmet needs or areas of program improvement identified by participants.**

**8. Describe how participant feedback will be used to inform the CTF-funded program.**

**9. Attach documentation of overall results and a copy of the blank client satisfaction survey tool(s) used.**