

## Direct Services Program Client Satisfaction Survey Results

Return your participant satisfaction survey results by November 14th of each year of funding to: Scott Addison at [addisons1@michigan.gov](mailto:addisons1@michigan.gov). For questions, call at (517) 335-7770. 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.**