



# Delaware County Children's Special Advocacy Network



## Client Survey (Anonymous and Confidential)

We are committed to providing you with the best service possible, so we welcome your comments.  
Please complete this client survey and return it to us. Thank you.

(For each question, please check the number code that rates your experience)  
5=Excellent      4=Very good      3= Good      2= Fair      1= Poor

- What services did you receive?

	Advocacy	Forensic Interview	Mental Health Services	Forensic Evaluation	
• Please rate the quality of the service you received from your staff.	5	4	3	2	1
• Was your forensic Interviewer/ Advocate helpful?	5	4	3	2	1
• Please rate the quality of professionalism at DCCSAN.	5	4	3	2	1
• Please rate the quality of information received.	5	4	3	2	1
• Please rate the appearance of the Center.	5	4	3	2	1
• Please rate your overall experience.	5	4	3	2	1
• If your child was referred for a specialized medical exam, was the physician and staff courteous and considerate.	5	4	3	2	1
• Did you understand what was going to take place at the medical exam?				Yes	No
• Were you given information regarding counseling?				Yes	No
• Did DCCSAN keep you updated on the status of your child's investigation or case?				Yes	No
• Were the services you received culturally sensitive?				Yes	No

Overall rating of each service provider (scale 1-5):

Law Enforcement	5	4	3	2	1
DHS	5	4	3	2	1
CAC	5	4	3	2	1

What services were most helpful to you during this process? (Explain)

Comments: