

**EVOLVE ASSESSMENTS AND DIAGNOSTICS INC.  
CLIENT SATISFACTION SURVEY**

**DATE OF ASSESSMENT:** \_\_\_\_\_ **ASSESSOR NAME:** \_\_\_\_\_

Please circle the most appropriate response to the following questions:

- 1. Did the assessor clearly explain the nature and purpose of today's assessment?**

**YES**

**NO**

**If No please explain:**

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- 2. Did the assessor conduct himself/herself in a professional manner?**

**YES**

**NO**

**If NO please explain:**

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- 3. Were you provided with the opportunity to present all of your concerns and respond to all questions from the assessor during the assessment?**

**YES**

**NO**

**If NO please explain:**

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- 4. Prior to this assessment did you receive a reminder call?**

**YES**

**NO**

- 5. If transportation services were arranged to get you to and from the assessment were they on time and courteous?**

**YES**

**NO**

**If NO please explain:**

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6. If interpreter services were used during your assessment were they effective in assisting you to communicate with the assessor?

YES

NO

If NO, please explain:

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7. Do you have any further comments regarding today's assessment?

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Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Please submit the survey at your earliest convenience to:

Email: [evolve@evolveax.com](mailto:evolve@evolveax.com)

Fax: 519-432-7522

Phone: 866-432-7211

Mail: 1208-383 Richmond Street  
London, ON, N6A 3C4

**\*\*\* If you wish to file a formal complaint you can do so at the above mentioned phone, fax, email or mailing address. If a response is requested, we will respond within 7 business days of receipt.**