

**EVOLVE ASSESSMENTS AND DIAGNOSTICS INC.**

**CLIENT SATISFACTION SURVEY**

We welcome feedback from the people we serve, and consider all feedback from this **optional** satisfaction survey carefully.

Please circle the most appropriate response to the following questions:

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

**YES**

**NO**

**If NO, please explain:**

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

**YES**

**NO**

**If NO, please explain:**

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

**YES**

**NO**

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

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**Note:** If you wish to be contacted by a member of management regarding any feedback you may have and/or to lay a formal complaint, please indicate "YES" and complete the following section:

YES

NO

You will be contacted within 7 days of receipt of this form.

Date Of Assessment: \_\_\_\_\_ Assessor Name:

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

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**Thank you for taking the time to complete this questionnaire.**

Please submit the survey at your earliest convenience to Evolve via

E-mail: [evolve@evolveax.com](mailto:evolve@evolveax.com)

Fax: 519-432-7522

Mail: 301 - 620 Colborne Street, London, ON, N6B 3R9

This questionnaire is also available for online submission at

[www.evolveax.com/survey/](http://www.evolveax.com/survey/)