

Support Satisfaction Survey

Please take a moment to complete our survey and help provide feedback on your experience with L'Arche. We strive to provide high quality supports in all aspects of our community life and, therefore, we value your feedback greatly as we work to improve services.

Before completing this form, please tell us who you are. Are you a member of our community, or someone completing this form on behalf of a member of our community (family member, Power of Attorney, advocate, friend)?

Your Name: _____

Date: _____

Who are you advocating for: _____

Relationship with this Person: _____

1. What type of service do you receive?

- Residential
- Respite
- Day Support
- Other _____

2. How long have you been supported by L'Arche?

- 1- 5 Years
- 5 - 20 Years
- 20 + Years

3. Your opinion: L'Arche provides a high standard of care.

- Strongly Agree
- Agree
- Somewhat Agree
- Somewhat Disagree
- Disagree
- Strongly Disagree

Comment: _____

4. Your opinion: L'Arche provides a nurturing environment for you.

- Strongly Agree
- Agree
- Somewhat Agree
- Somewhat Disagree
- Disagree
- Strongly Disagree

Comment: _____

5. Your opinion: You have the opportunity to engage in socially valued roles through the support and encouragement of L'Arche.

- Strongly Agree
- Agree
- Somewhat Agree
- Somewhat Disagree
- Disagree
- Strongly Disagree

Comment: _____

6. Your opinion: L'Arche Assistants are adequately trained to meet your needs.

- Strongly Agree
- Agree
- Somewhat Agree
- Somewhat Disagree
- Disagree
- Strongly Disagree

Comment: _____

7. Your opinion: There is frequent and positive communication between you and the L'Arche Assistants.

- Yes
- No

Comment: _____

8. Have you participated in your Annual Planning Process?

- Yes
- No

Comment: _____

9. If Yes, please rate your level of satisfaction regarding your own opportunity to participate in and collaborate with the Annual Planning Process.

- Highly Satisfied
- Satisfied
- Neutral
- Dissatisfied
- Highly Dissatisfied

Comment: _____

10. Please use the space below to add any further comments.

Comment: _____

We value your feedback and comments. If you have given information that you wish to see followed up on, please provide your name and contact information in the field below.

Thank you for your participation!

CONTACT INFORMATION	
EMAIL:	
PHONE:	