

PT's name: _____

Durham Public Schools Physical Therapy Satisfaction Survey

Thank you for taking the time to give us some feedback. We find your input/comments extremely valuable in our efforts to serve you better.

Please circle one of the following:

I am a--- Parent Student Teacher Teaching Assistant EC Staff/Facilitator

	Unable to Rate	Poor	Fair	Good	Very Good	Excellent
1. Overall satisfaction with the services you received	0	1	2	3	4	5
2. This student's needs are met	0	1	2	3	4	5
3. The physical therapist treats everyone professionally / with respect	0	1	2	3	4	5
4. The physical therapist is reliable and consistent	0	1	2	3	4	5
5. The physical therapist is knowledgeable	0	1	2	3	4	5
6. The physical therapist's suggestions are helpful, appropriate and worked into class routines	0	1	2	3	4	5
7. The physical therapist facilitates inclusion	0	1	2	3	4	5
8. Interactions with the physical therapist are generally positive & pleasant/ we have a good rapport	0	1	2	3	4	5
9. The physical therapist responds in a reasonable time period to email/phone call/teacher request	0	1	2	3	4	5
10. Communication with parents is...	0	1	2	3	4	5
11. Communication with teaching staff is...	0	1	2	3	4	5
12. The physical therapist collaborates well with the team	0	1	2	3	4	5
13. The physical therapist attends and is prepared for meetings	0	1	2	3	4	5
14. Paperwork is complete	0	1	2	3	4	5
15. Paperwork is timely	0	1	2	3	4	5
16. Equipment and training provided serve us well and are appropriate	0	1	2	3	4	5
17. Satisfaction with support following training	0	1	2	3	4	5
18. Equipment is well maintained	0	1	2	3	4	5

Please tell us what you liked about your experience with the physical therapist: _____

Please tell us what you did not like about your experience with the physical therapist: _____

Other comments? _____

Please write your name and contact information if you would like a follow up call: _____

Please Return to Sherry Orlopp at Proctor House, by June 13, 2008