Please answer each of the following questions by circling YES, NO, or NA (not applicable). To indicate your general evaluation of the services you or your child received from the Stanley Speech and Hearing Clinic. Do not identify yourself, but check below to show that the client was:

_______ a child (age ______ years)   OR   ______ an adult

1. Were the clinical sessions scheduled at a time that was relatively convenient for you?  
   YES  NO  NA

2. Did the clinician seem well-prepared for the session?  
   YES  NO  NA

3. Did the clinician provide good motivation?  
   YES  NO  NA

4. Did the clinician hold the client’s interests?  
   YES  NO  NA

5. Were the recommendations at the end of the semester helpful to you?  
   YES  NO  NA

6. Did the clinician answer any questions you may have had?  
   YES  NO  NA

7. Did you receive information about the results of any evaluation that were completed?  
   YES  NO  NA

8. Were you treated courteously by the clinician and other staff members?  
   YES  NO  NA

9. Do you believe that desirable changes took place in the clients Speech, language, fluency, or voice?  
   YES  NO  NA

10. Do you feel your time was well-spent in attending (or bringing your child to) clinical sessions?  
    YES  NO  NA

How would you rate the services you received from the Stanley Speech and Hearing Clinic? On the following scale, 5 indicates superior service, 1 indicates very poor services.

1  2  3  4  5

Please use the space below – and on the back of the page, if more space is needed – to comment on the services you or your child received from the Stanley Speech and Hearing Clinic or to explain/describe any of the ratings above.