## Salus University

## Speech-Language Institute

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[www.sli.edu](http://www.sli.edu)

**CLIENT SATISFACTION SURVEY**

Name (optional)

Following your assessment -OR- Over the course of your treatment, how satisfied were you with the following items?

(Please circle one answer on each line)

Very Satisfied

Somewhat Satisfied

Neutral Dissatisfied

Ease of scheduling appointments 4 3 2 1

Courtesy of person who scheduled your appointment 4 3 2 1

Convenience of your appointment time 4 3 2 1

Please rate the overall appearance of the facility 4 3 2 1

How would you rate the appearance of the therapy room 4 3 2 1

How would you rate the accessibility of the facility 4 3 2 1

Speed of check-in process 4 3 2 1

Courtesy of staff in the reception area 4 3 2 1

Length of wait before being seen by a therapist 4 3 2 1

Our concern for your privacy 4 3 2 1

Friendliness/courtesy of our therapist 4 3 2 1

Explanations the therapist gave you about your program 4 3 2 1

Concern the therapist showed for your therapy needs 4 3 2 1

Communication between the SLP and patient 4 3 2 1

Clarity of your Home Program/Carry-Over Activities 4 3 2 1

Quality of care received from the student/supervisor 4 3 2 1

Coordination of appointments and follow up care 4 3 2 1

Overall rating of the therapy experience? 4 3 2 1

(Please circle one answer on each line)

Likelihood of your recommending our services to others? Yes No

Likelihood our your returning if treatment is needed in the future? Yes No

# ADDITIONAL COMMENTS:

***Thank you for your time and consideration!***