~Client Satisfaction Survey~

We would like to have your input on how we may improve this school before your next visit...... What are your thoughts?

School Name: __________________________ Date: ________________

Name (optional): __________________________

Check Your Status: ____ Parent ____ EACS resident ____ Other

Please rate the following by circling one response/answer:

1. Assistance you received  Poor  Fair  Good  Great
2. Helpfulness of the Staff  Poor  Fair  Good  Great
3. Courteousness of Staff  Poor  Fair  Good  Great
4. Appearance of facility  Poor  Fair  Good  Great

Please describe one thing that occurred during your visit that could be improved: _________________________

__________________________________________________________

Please describe one thing that occurred during your visit that we did well:

__________________________________________________________

__________________________________________________________

Additional Comments/Suggestions: ______________________________

________________________________________________________________

Would you like to receive a telephone call from this school to discuss your comments and/or suggestions? _____ Yes _____ No

Please return this form at your earliest convenience.
Thank you for your input.
Dr. Karyle Green, Superintendent of Schools
East Allen County Schools

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