SAP Caregiver Participant Satisfaction Survey

We are seeking your input on the Student Assistance Program (SAP) in order to improve the functioning of the Student Assistance Team (SAT) and maintain high-quality service. Your participation in this survey is important to us and your responses will be kept confidential. Please return your completed survey to:

Read each statement in the list below, and circle/mark a number to indicate how much you agree or disagree.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | n/a |
| Strongly Disagree | Disagree Somewhat | Neutral | Agree Somewhat | Strongly Agree | Not Applicable |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. The staff acted in a professional manner. | 1 | 2 | 3 | 4 | 5 | n/a |
| 2. The Student Assistance Team (SAT) explained confidentiality and what legitimate educational interest means in terms of what would and would not be shared with other individuals who work with my child. | 1 | 2 | 3 | 4 | 5 | n/a |
| 3. SAT members kept the information that was shared confidential. | 1 | 2 | 3 | 4 | 5 | n/a |
| 4. I felt the reason(s) my child was referred to SAP was clearly explained to me. | 1 | 2 | 3 | 4 | 5 | n/a |
| 5. I was informed and gave consent for the student assistance process. | 1 | 2 | 3 | 4 | 5 | n/a |
| 6. After being referred, my child received help in a timely manner. | 1 | 2 | 3 | 4 | 5 | n/a |
| 7. The staff helped me understand my child’s needs affecting their health, safety and/or welfare. | 1 | 2 | 3 | 4 | 5 | n/a |
| 8. I had an opportunity to share ideas, concerns and goals for my child. | 1 | 2 | 3 | 4 | 5 | n/a |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 9. I felt I was an important part of the process. | 1 | 2 | 3 | 4 | 5 | n/a |
| 10. I felt that the team heard my voice and considered my input. | 1 | 2 | 3 | 4 | 5 | n/a |
| 11. The SAT helped me and my child achieve the goals outlined in the action plan. | 1 | 2 | 3 | 4 | 5 | n/a |
| 12. The SAT regularly communicated with me about my child’s progress and was available for consultation and follow-up. | 1 | 2 | 3 | 4 | 5 | n/a |
| 13. The SAT assisted me in connecting to resources and services to address my child’s needs. | 1 | 2 | 3 | 4 | 5 | n/a |
| 14. My child benefited from their experiences with SAP. | 1 | 2 | 3 | 4 | 5 | n/a |
| 15. Overall, I am satisfied by the services my child received. | 1 | 2 | 3 | 4 | 5 | n/a |
| 16. I would recommend SAP to others as a helping service provided by the school. | 1 | 2 | 3 | 4 | 5 | n/a |
| 16. The SAT’s recommendations for resources matched my family’s financial and insurance abilities. | 1 | 2 | 3 | 4 | 5 | n/a |
| 17. The SAT’s recommendations for resources were within a reasonable traveling distance. | 1 | 2 | 3 | 4 | 5 | n/a |

Please provide additional suggestions and comments below to improve the work of the SAT.

Thank you for your highly valuable feedback!

Form adapted from PNSAS SAP Evaluation forms