

Satisfaction survey for parents & children

Dear Anschwing Families,

as we are constantly developing as a practice and want to give the best possible "Anschwing = boost", we would be delighted if you would fill in the satisfaction form below!

General information

1. Name of the child: _____
2. Therapy was provided by (name staff, specify more than one if applicable):

Opinion on Therapy

3. My child and I are satisfied with the therapy provided by the staff member(s) named above (please tick):
Applies Does not apply
4. What my child particularly liked about the therapy:

5. What my child did not like about the therapy:

6. The Anschwing team regularly informed me about the therapy (what was done, what progress was made): Yes No
7. My child has made progress because of the therapy: Yes No
8. What could we have done differently or better in the therapy of your child?

Feedback to the organization

9. The scheduling of appointments always went smoothly: Yes No

10. I had the feeling to have a contact person for questions: Yes No

11. I felt that I was in good hands when it came to organizational matters, such as the grant application and the grant interviews:

Applies Does not apply

12. I was satisfied with the further care provided by the Anschwing team:

Applies Does not apply

13. What we could have done differently or better?

Other

14. Would you recommend us to others? Yes No

If you would recommend us: If you know a child who would be in good hands with us, please feel free to contact us!

We were very pleased to work with your child and to be able to accompany him/her a little on his/her way! We wish you and your family all the best for the future.

Your Anschwing Team