South Dakota Developmental Center
2007 Services Satisfaction Survey

Age of family member living at SDDC (school age or adult):

Person Completing Form (parent, sister, aunt, guardian, etc.):
(Please indicate relationship.)

Please select the response that best describes your opinion and provide any further information in the comment sections.

1 = Very Disappointed 2 = Disappointed 3 = Satisfied 4 = Pleased 5 = Very Pleased

Your family member's living environment..... 1 2 3 4 5

Comments

Health care provided to your family member..... 1 2 3 4 5

Comments

Your family member's individualized plan..... 1 2 3 4 5

Comments

Your input to you family member's plan is valued..... 1 2 3 4 5

Comments

Overall willingness and ability to meet your family member's needs 1 2 3 4 5

Comments

General Communication from SDDC..... 1 2 3 4 5

Comments

Responsiveness to y our concerns..... 1 2 3 4 5

Comments

Dignity and respect shown to family member living at SDDC 1 2 3 4 5

Comments

Dignity and respect shown to yourself..... 1 2 3 4 5

Comments

Overall quality of services provided to your family member 1 2 3 4 5

Comments

Is there anything you would like to see SDDC focus on in the next year?

Are there any additional services that you would like to see SDDC offer to your family member?

Would you like to see SDDC offer educational opportunities to family members and if so, what area do you think would be beneficial?

Thank you for participating in this survey. We appreciate your responses and look forward to continuing to enhance supports and individualized treatment plans for the people we provide services to.

If you would like a personal response, please indicate your name and phone number below and an Administrative staff person will contact you.

Name **Phone number**

Submit by Email