



NORTHERN ARIZONA UNIVERSITY

P.O. Box 15045
Flagstaff, AZ 86011
www.csd.nau.edu/clinic

Speech-Language-Hearing Clinic

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PARENT/CLIENT RATING OF CLINICAL SERVICE

In order to improve the quality of services delivered by this clinic, we would appreciate your comments regarding the services received. Once completed, fold and staple/tape, and give to Teri or Patti in the Clinic Office.

Date:

Client's name:

Date of birth:

Gender:

Clinician's name:

Please answer the questions below with the number for the appropriate rating.

- 1 = Unsatisfactory
- 2 = Below average
- 3 = Average
- 4 = Above average
- 5 = Outstanding
- NA = Not applicable

___ How would you rate the overall effectiveness of the treatment sessions?

___ How would you rate the overall effectiveness of the evaluation sessions?

___ How adequate were the materials, equipment, and facilities?

___ How effective was the personal interaction with the student clinician?

___ How effective was the personal interaction with the supervisor?

___ How effective was the personal interaction with the Medical Records Technician (Sara)?

___ Rate the personal interaction with the Administrative Specialists (Teri and/or Patti)?

___ How would you rate the overall clinical services received?

What recommendations would you give to our Clinic?