

# PARENT/CARE PROVIDER SURVEY

*Instructions: This survey is to be completed during the annual case conference. This survey can also be completed via telephone interview or by mailing the completed form.*

**Check one:**     **Parent**     **Care Provider**

**1** Are you happy with the quality of services LTC delivers to your son/daughter/resident?

Yes     No

Comments: \_\_\_\_\_  
\_\_\_\_\_

**2** Do you feel the working environment is safe?

Yes     No

Comments: \_\_\_\_\_  
\_\_\_\_\_

**3** Are your phone calls returned in a timely manner?

Yes     No

Comments: \_\_\_\_\_  
\_\_\_\_\_

**4** Do you observe progress toward your son/daughter/resident's goals?

\_\_\_\_\_

**5** What services would you like to see improved at LTC?

\_\_\_\_\_

**6** How can we improve our services?

\_\_\_\_\_

**7** Does your son/daughter/resident require additional services to improve their quality of life?

\_\_\_\_\_

**Additional Comments:** \_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_