

Discovery Satisfaction Survey

Name of Individual _____

County _____ Completed by (optional) _____

Date Completed: _____ (self/guardian/family/friend)

1. The length of the Discovery process took the right amount of time.



Strongly Agree



Sort of Agree



Do Not Agree

Additional Comments: _____

2. I felt listened to.



Strongly Agree



Sort of Agree



Do Not Agree

Additional Comments: _____

3. My Questions/concerns were addressed.



Strongly Agree



Sort of Agree



Do Not Agree

Additional Comments: _____

4. My abilities/strengths were shared.



Strongly Agree



Sort of Agree



Do Not Agree

Additional Comments: _____

5. I am satisfied with the overall experience.



Strongly Agree



Sort of Agree



Do Not Agree

Additional Comments: _____

6. What could we do better?

7. What did we do well?
