

Support Planning Satisfaction Survey

Name of Individual _____

County _____ Completed by (optional) _____

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

1. The length of the Planning 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. Things that I like and do well were included in my plan.



Strongly Agree



Sort of Agree



Do Not Agree

Additional Comments: _____

4. I chose people who care about me to help me create my plan.



Strongly Agree



Sort of Agree



Do Not Agree

Additional Comments: _____

5. I had a good selection of providers to choose from.



Strongly Agree



Sort of Agree



Do Not Agree

Additional Comments: _____

6. We made a plan that will help me get the life I want.



Strongly Agree



Sort of Agree



Do Not Agree

Additional Comments: _____

7. The process was focused on me.



Strongly Agree



Sort of Agree



Do Not Agree

Additional Comments: _____

8. What could we do better?

9. What did we do well?

