

Creative Speech Solutions, LLC
Pediatric Therapy Center

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We always strive to provide our families with the highest quality therapy. So, please take a moment to answer the following questions to help best serve each child at Creative Speech Solutions, LLC.

Your child's treating therapist: _____

Rate the following on a scale of 1 to 5 (1 being the worst and 5 being the best).

1. Are you seen promptly for your therapy appointments? 1 2 3 4 5
2. Are your child's goals and progress clearly communicated to you? 1 2 3 4 5
3. Is information presented in a professional manner by your therapist? 1 2 3 4 5
4. Does the therapist have satisfactory knowledge and experience in treating the challenges that your child exhibits? 1 2 3 4 5
5. Are you given regular homework assignments? 1 2 3 4 5
6. Is your therapist making sessions enjoyable and productive for your child? 1 2 3 4 5
7. Is your therapist available to address questions and concerns? 1 2 3 4 5
8. *If your child is being co-treated at Creative Speech Solutions*, does it appear that CSS therapists are working together and communicating adequately? 1 2 3 4 5
9. Does your therapist make appropriate recommendations when necessary (i.e. OT, PT or neuro assessments, good literature/ websites, educational recommendations, increase or decrease frequency of therapy, etc.) 1 2 3 4 5
10. Does your therapist work corroboratively with outside therapists on your child's team when appropriate? 1 2 3 4 5
11. Would you recommend this therapist to other families that have children with similar speech or language challenges? 1 2 3 4 5

Suggestions/ comments pertaining to individual therapy sessions: (use back if need be)

Please offer ANY suggestions or ideas you may have to improve your experience at Creative Speech Solutions! (use back if need be)

Your name: _____ (you may keep anonymous if you wish)
When finished, please give form to Yvonne or Chen at the front desk. Thanks in advance for your time.