Client Satisfaction Survey

We value your perceptions about our OT Student Community Clinic. Please mark your level of agreement with the following statements.

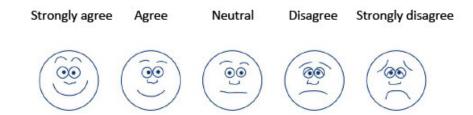
I am satisfied with services provided in the student community clinic.

Strongly agree Agree Neutral Disagree Strongly disagree

The activities and groups I participated in, within the clinic, helped me.

Strongly agree Agree Neutral Disagree Strongly disagree

I feel that I learned something that will help me in the future.



What feedback would you like to provide to your student therapist about group? Any additional comments?

It's been a pleasure working with you. Thank you very much for your time.