



'Empowering children and adults with Autism and their families through knowledge & support'

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Fax 9601 1339
24 hour Australia Wide Autism Hotline 1300 222 777
Email: info@aass.org.au

Phone 9601 2844
0421 245 839 or 0432 327 096
1300 222 777
Web: www.aass.org.au

Client Satisfaction Survey 2019

Please tick the boxes appropriate to the following statements and comment below.
Any feedback acts to improve the services we provide to children and their families.

1. How often do you use a service from Autism Advisory and Support Service?

Daily

Weekly

Fortnightly

Monthly

One off

Comment: _____

2. Which Autism Advisory and Support Service did you use?

Early Years Playgroup

Social Skills Support Group

Young Adult Social Group

Art Play

Information

Advocacy

Speech Pathology

Occupational Therapy

Music Therapy

Online Toy Store

Physiotherapy

Behaviour Support

School Based Service

Parent Support Group

Psychology

Other(please specify)

3. Please tick the services you are aware that Autism Advisory and Support Service offer ?

Early Years Playgroup

Social Skills Support Group

Young Adult Social Group

Art Play

Information

Advocacy

Speech Pathology

Occupational Therapy

Music Therapy

Online Toy Store

Physiotherapy

Behaviour Support

School Based Service

Parent Support Group

Psychology

Other(please specify)

4. Is there a particular service you would like to see Autism Advisory and Support Service offer ?
.....(please specify)

5. How did you hear about Autism Advisory and Support Service?

- | | | |
|--|--|--|
| <input type="checkbox"/> Referral | <input type="checkbox"/> Health Professional | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Expo / Trade Show | <input type="checkbox"/> School | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Website | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Advertising |
| <input type="checkbox"/> Other | (please specify) | |

6. Have you received information via our email distribution list?

- YES NO

7. Would you like to be added to our newsletter distribution list ?

- YES NO, If No, could you please provide it Email

8. Have you accessed information on our website?

- YES NO

9. What would be the best way Autism Advisory and Support Service to contact you?

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Phone | <input type="checkbox"/> Text via a mobile phone |
| <input type="checkbox"/> Email | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Website | <input type="checkbox"/> Mail |
| <input type="checkbox"/> Other | (please specify) |

Please provide your details

10. Are you currently satisfied with the range of services Autism Advisory and Support Service provide?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Extremely Dissatisfied | Dissatisfied | Ok | Satisfied | Very Satisfied |

11. Do you feel that Autism Advisory and Support Service gave you sufficient information to support your purpose for contact?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Extremely Dissatisfied | Dissatisfied | Ok | Satisfied | Very Satisfied |

12. Did you feel that Autism Advisory and Support Service understood your needs?

1

Extremely Dissatisfied

2

Dissatisfied

3

Ok

4

Satisfied

5

Very Satisfied

13. Did the Autism Advisory and Support Service programs support your needs? If **NO**, please specify

1

Extremely Dissatisfied

2

Dissatisfied

3

Ok

4

Satisfied

5

Very Satisfied

If **NO**, please specify below

14. Do you know how to make a compliment or complaint to anyone at Advisory and Support Service about the service?

YES

NO

15. Have you ever had to make a compliment or complaint to anyone at Advisory and Support Service?

YES

NO

16. If you did have to make a compliment or complaint to anyone at Advisory and Support Service was it addressed effectively?

YES

NO, If No, How could you it be improved ?

.....
.....
.....
.....

17. How would you rate your experience with the staff at Advisory and Support Service?

1

Extremely Dissatisfied

2

Dissatisfied

3

Ok

4

Satisfied

5

Very Satisfied

18. Did you feel supported by the staff at Autism Advisory and Support Service?

1

Extremely Dissatisfied

2

Dissatisfied

3

Ok

4

Satisfied

5

Very Satisfied

19. Did you feel that the staffs knowledge and experience supported you and your family?

1

Extremely Dissatisfied

2

Dissatisfied

3

Ok

4

Satisfied

5

Very Satisfied

20. How likely are you to use at Autism Advisory and Support Service in the future?

1

Never Use

2

Definitely Not

3

Probably Not

4

Probably

5

Definitely

21. Would you recommend at Autism Advisory and Support Service ?

1

Never Use

2

Definitely Not

3

Probably Not

4

Probably

5

Definitely

What recommendations would you offer for improving services at Autism Advisory and Support Service?

Any other comments

Thank you for taking your time to fill out this form!