

CLIENT SATISFACTION SURVEY

Please take a few moments to complete this questionnaire. Your comments help improve Confidential Intermediary Services. Please return the completed questionnaire to:

Maryland Department of Human Services
Social Services Administration
Adoption Search, Contact and Reunion Services
25 S. Charles St. Floor 11
Baltimore, MD 21201

Name of the Confidential Intermediary (CI): _____

Name of Local Department or Child Placement Agency: _____

Please check your answer to each item below. The one (1) means unsatisfactory and five (5) means very satisfactory:

A. Your overall satisfaction? 1 2 3 4 5

B. Your CI's professionalism? 1 2 3 4 5

C. Your CI's courtesy? 1 2 3 4 5

D. Your CI's knowledge? 1 2 3 4 5

E. Your CI's sensitivity to your needs? 1 2 3 4 5

F. Has your search resulted in an exchange of identifying information?

Yes No

G. If CI services were provided through a private child placement agency, were fees for CI services reduced or waived?

Yes No

H. Did your CI suggest counseling or other supportive services?

Yes No N/A

I. Would you recommend CI services to others?

Yes No

J. Would you be willing to share your experience for the purpose of publicizing CI services?

Yes No N/A

If yes, please provide your name, address and phone number:

K. Is there anything you want to suggest that could have improved the service you received? Yes No Please provide your comments on the back of this form.