

Adoption Search, Contact and Reunion Services

CLIENT SATISFACTION SURVEY

Please take a few moments to complete this questionnaire. Your comments will help us to evaluate and improve Confidential Intermediary Services. When the questionnaire has been completed, please return it to:

Department of Human Resources Social Services Administration
Mutual Consent Registry and Adoption Search Contact and Reunion Services
311 West Saratoga Street
Baltimore, Maryland 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. Assistance by staff? 1 2 3 4 5 N/A
- G. Has your search resulted in an exchange of identifying information? Yes No
- H. Were any CI fees or expenses reduced or waived? Yes No
- I. Did your CI suggest counseling or other supportive services? Yes No N/A
- J. Would you recommend CI services to others? Yes No
- K. 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:
- L. _____
Is there anything you want to suggest that could have improved the service you received?
Yes No Please use the back of this form if you need more room for comments.

Comments: _____

