

## 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.