[Institutional logo or other header for specific Behavioral Health Hub]

**Parent Satisfaction Survey**

We would like to know how you feel about the services we provided so we can make sure we are meeting your needs. Your response will help us to improve our services. There is no right or wrong answer. We are asking for your honest opinions. In no way will your response affect your treatment here.

 Thank you for your time!

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **For each statement, please circle the number that best describes your answer:** | **Strongly****Agree** | **Agree** | **Neither****Agree or****Disagree** | **Disagree** | **Strongly****Disagree** | **Does Not Apply** |
| I am satisfied with the services the [Behavioral Health Hub] provided to my child. | 5 | 4 | 3 | 2 | 1 | N/A |
| I am comfortable completing the behavioral health screening questionnaire. | 5 | 4 | 3 | 2 | 1 | N/A |
| The [Behavioral Health Hub] responded to my child’s and my family’s need. | 5 | 4 | 3 | 2 | 1 | N/A |
| I am willing to work with the [Behavioral Health Hub] again if my child needs it. | 5 | 4 | 3 | 2 | 1 | N/A |

Comments:

**CMS Title V Behavioral Health Integration Program**