

Group topic: _____

Date: _____

Client Satisfaction Survey

We value your perceptions about our OT Student Community Clinic. Please mark your level of agreement with the following statements.

I am satisfied with services provided in the student community clinic.

Strongly agree Agree Neutral Disagree Strongly disagree



The activities and groups I participated in, within the clinic, helped me.

Strongly agree Agree Neutral Disagree Strongly disagree



I feel that I learned something that will help me in the future.

Strongly agree Agree Neutral Disagree Strongly disagree



What feedback would you like to provide to your student therapist about group? Any additional comments?

It's been a pleasure working with you. Thank you very much for your time.