**JUVENILE DIVERSION**

**PARENTAL SATISFACTION SURVEY**

1. In a general sense, how satisfied are you with the services you and your child have received?

 1 2 3 4 5 Not At All A Little Somewhat Quite a Bit Extremely Satisfied Satisfied Satisfied Satisfied Satisfied

2. In your opinion, if Juvenile Diversion Services had not been available to you and your child, your situation would have become:

 1 2 3 4 5

 Much Slightly Stayed About Slightly Greatly

 Worse Worse the Same Improved Improved

3. Have the services that you and your child received help you deal more effectively with your

 situation?

 1 2 3 4 5

Made Things Didn’t Had No Helped Helped a Worse Help Effect Somewhat Great Deal

4. If you were to look for help again, would you come back to this program?

 1 2 3 4 5

Definitely Probably Maybe Most Definitely

 No Not Likely Yes

5. How involved were you in setting the goals, or having input in, the diversion plan for your child?

 1 2 3 4 5

 Never Almost Some of the Most of the Extremely

 Never Time Time Involved

(over)

6. Please check what part(s) of the program was most helpful to you and your child.

\_\_\_\_\_\_ Community Service \_\_\_\_\_\_ Drug & Alcohol Education

\_\_\_\_\_\_ Tobacco Education \_\_\_\_\_\_ Victim Sensitivity

 Options for Early Intervention/Responsible

\_\_\_\_\_\_ Help (Referrals) \_\_\_\_\_ Decision making Class \_\_\_\_\_\_ Correctional Facility Tour

\_\_\_\_\_\_ Other (please list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Comments:

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (optional)