UNYEWAY, INC.

2330 Main Street
Ramona, CA 92065
760-789-5960

Parent/Care Provider Satisfaction Survey

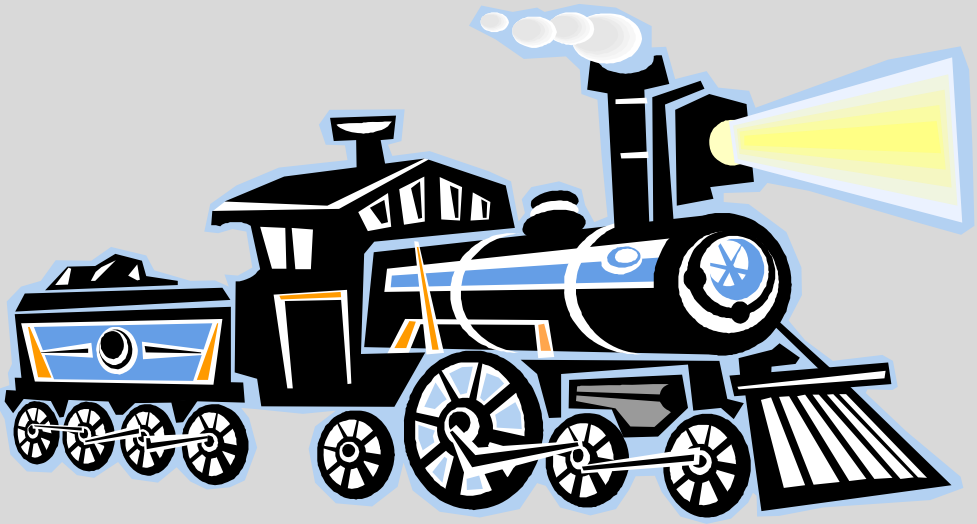
We are interested in receiving your input regarding how you feel about services provided by Unyeway, Inc. It would be much appreciated if you would complete the following questionnaire and return it to us. Thank you for your time!

(All information optional)

Parent/Care Provider Name:

Name ofCare Home/Facility (if applicable):

Program: **Date Completed:**



Put us on the right track!!!

UNYEWAY, INC.
Parent/Care Provider Satisfaction Survey

1. Are you satisfied with the services provided by Unyeway, Inc.?

	YES		NO

COMMENTS:

2. Are there additional services you would like Unyeway, Inc. to provide?

	YES		NO

COMMENTS:

3. Are you satisfied with the staff's professionalism, knowledge, and training?

	YES		NO

COMMENTS:

4. Do you feel that adequate communication exists between Participants' homes and program?

	YES		NO

COMMENTS:

5. **Please provide us with any additional comments you may have regarding the overall services provided by Unyeway, Incorporated.**

Signature (Optional) **Date**

Again, thank you for your time!