

# 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:**

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**Name of Care Home/Facility (if applicable):**

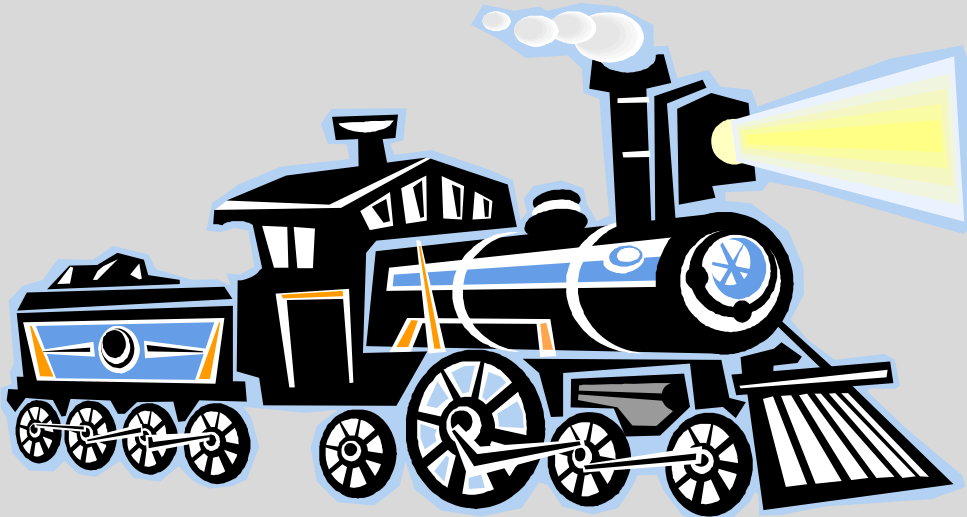
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**Program:**

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**Date Completed:**

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**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
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**COMMENTS:**

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

	YES		NO
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**COMMENTS:**

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

	YES		NO
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**COMMENTS:**

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

	YES		NO
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COMMENTS:

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

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Signature (Optional)

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Date

*Again, thank you for your time!*