

ASU SPEECH AND HEARING CENTER
P.O. BOX 910, STATE UNIVERSITY, AR 72467-0910
PH. (870) 972-3301 FAX (870) 972-3788

SURVEY OF CLINICAL SERVICES

Child / Adult (circle one)

Semester: _____

Circle the number which best represents your feelings/perceptions with regard to the following statements.

3=Above Average 2=Average 1=Below Average

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| 3 | 2 | 1 | Requests for information and/or appointment scheduling addressed promptly. |
| 3 | 2 | 1 | Reports were forwarded efficiently and promptly. |
| 3 | 2 | 1 | Clinical personnel were courteous. |
| 3 | 2 | 1 | Considerate answers were provided. |
| 3 | 2 | 1 | Special problems were noted and assistance provided. |
| 3 | 2 | 1 | Appointments began at the scheduled time. |
| 3 | 2 | 1 | Diagnostic information was clearly communicated and a copy of the results was provided. |
| 3 | 2 | 1 | A clear statement of recommendations was presented which included a prognosis statement and/or referral as indicated. |
| 3 | 2 | 1 | Opportunities to ask questions were provided. |
| 3 | 2 | 1 | Over-all therapy was performed professionally and appeared to be focused upon the previously identified disorder. |
| 3 | 2 | 1 | The clinician presented in professional attire. |
| 3 | 2 | 1 | Conferences were conducted privately and away from the presence of non-professional individuals. |
| 3 | 2 | 1 | Collectively, services provided at the ASU Speech and Hearing Center were acceptable and appropriate. |