
Laura Deer, M.S. CCC/SLP, CAS #16418

Licensed Speech-Language Pathologist
Certified Autism Specialist
Special Needs Certified



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Quality of Service Survey

Date: _____ Type of Funding: _____

Return form to Laura Deer M.S. CCC/SLP, CAS through email at laura@deerspeech.com or mail to 5341 Loma Linda Ave #19 Los Angeles, CA 90027

1. How satisfied were you with the clinician's rapport with you and your child?

Extremely Satisfied Very Satisfied Neutral Not Satisfied Extremely Unsatisfied

Comments: _____

2. How knowledgeable did you feel the clinician was in regards to providing treatment for your child?

Extremely Knowledgeable Very knowledgeable Neutral Not knowledgeable Extremely Unknowledgeable

Comments: _____

3. Did parent training meet your expectations? Did you learn more about communication with your child?

Continuous parent training Some parent training Neutral Not enough parent training No parent training provided

Comments: _____

4. How satisfied were you with the clinician's communication style with you and your child?

Extremely Satisfied Very Satisfied Neutral Not Satisfied Extremely Unsatisfied

Comments: _____

5. How satisfied were you with scheduling your therapy sessions and make-up sessions?

Extremely Satisfied Very Satisfied Neutral Not Satisfied Extremely Unsatisfied

Comments: _____

6. Did you see improvement in your child's ability to communicate? Did you feel treatment was effective?

Extremely Effective Very Effective Neutral Not Effective Extremely Ineffective

Comments: _____

7. What was your overall satisfaction with Laura Deer Speech Therapy?

Extremely Satisfied Very Satisfied Neutral Not Satisfied Extremely Unsatisfied

Comments: _____

Additional comments are welcome:

