easterseals
Capital Region & Eastern Connecticut

Stakeholder Experience Survey

Please complete the following survey to provide us with information so that we may continue to improve our life-changing services to our patients. Thank you very much for your assistance. It has been our pleasure serving your patients.

Form completed by: ☐ Physician's Office ☐ State Agency ☐ Other (please specify) _____

Service(s) referred: ☐ PT ☐ OT ☐ Wheelchair/DME ☐ SLP ☐ Therapy ☐ Case Management

Please check the box that best describes your experience.	**Excellent**	**Good**	**Neutral**	**Fair**	**Poor**	**N/A**
1. I am satisfied with the services that were provided.						
2. Accuracy of program information as presented by staff, print, and website.						
3. The staff are available to answer questions that I have about services.						

Please check the box that best describes your experience with medical rehabilitation services.	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**N/A**
1. Admission to the Center following my referral was prompt.						
2. Issues or requests discussed with staff were addressed promptly.						
3. Staff were accessible and available.						
4. Level of intensity, frequency, and duration of service was appropriate.						
5. Treatment plan was appropriate to the patient's diagnosis.						
6. The scope of discharge planning and recommendations was appropriate.						
7. Patient progress reports received timely and with appropriate content.						
8. Satisfaction with the patient outcomes.						
9. Overall impressions of the Center.						

On a scale of 1-10, with 1 being not at all likely and 10 being extremely likely, how likely are you to recommend Easterseals Capital Region & Eastern CT to a colleague, friend, or family member:

Not at all 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10 ○ Extremely likely

How did you hear about us? (Select all that apply.)

☐ Community Events ☐ Internet Search ☐ Colleague, friend, or family recommendation
☐ Educational Sessions ☐ Mailing ☐ My Doctor, School, or Other Referral Source
☐ Email communication ☐ Social Media (Twitter, Facebook) ☐ Other _____

Comments and Suggestions: _____

_____

_____

Please return by mail to 100 Deerfield Rd, Windsor, CT 06095 or by Fax to 860-748-4432.
Electronic copies can be found at: https://tinyurl.com/es-med-rehab-stakeholder or by scanning the QR code below

100 Deerfield Road, Windsor, CT 06095 • 860.270.0600
22 Prestige Park Circle, East Hartford, CT 06108 • 860.728.1061
24 Stott Avenue, Norwich, CT 06360 • 860.859.4148
287 West Avenue, Rocky Hill, CT 06067 • 860.859.4148
easterseals.com/Hartford • VeteransRallyPoint.com