








# Client Feedback Survey

Session Name:							
Client Name:					Date:		

Please place a check mark or highlight the number corresponding to your response.								
	Extremely Dissatisfied (1)	Very Dissatisfied (2)	Dissatisfied (3)	Neutral (4)	Satisfied (5)	Very Satisfied (6)	Extremely Satisfied (7)	Not Applicable (N/A)
Quality	Was the service provided of a High Quality?							
	1	2	3	4	5	6	7	N/A
	Comments:							
Delivery	Was the service provided On Time as Requested?							
	1	2	3	4	5	6	7	N/A
	Comments:							
Working Relationship	Was the service provided with Courteous and Professional manner?							
	1	2	3	4	5	6	7	N/A
	Comments:							
Communication	Was the service info and content communicated Timely, Easy to Understand, and Adequate?							
	1	2	3	4	5	6	7	N/A
	Comments:							
Responsiveness	Was the responsiveness Quick and Accurate with Concerns or Problems Identified?							
	1	2	3	4	5	6	7	N/A
	Comments:							
Overall Satisfaction	Did the overall service Meet your Expectations?							
	1	2	3	4	5	6	7	N/A
	Comments:							
Additional Comments:								
How did you hear about us?	 Website	 Email	 Twitter	 Facebook	 MeetUp	 EventBrite	 Friend	Other:
Do know of someone that can benefit from this service?	No / Yes		If Yes, please provide Contact Info:					