



Parent Satisfaction Survey

Overall Experience

On a scale of 1 to 5, please rate the following:
(1 = Strongly Disagree, 5 = Strongly Agree)

1. My child enjoys attending therapy sessions.
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
2. The therapist builds a strong connection with my child.
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
3. I feel informed about my child's progress.
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
4. Therapy sessions are helping my child reach their goals.
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
5. Communication with the therapist is clear and respectful.
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
6. Scheduling and billing processes are smooth and convenient.
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
7. The clinic space is clean, welcoming, and child-friendly.
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5



What do you feel has been most helpful for your child during therapy?

What would you like to see more of in your child's sessions?

Do you have any suggestions for how we can improve our services?

Would you recommend Hand in Hand Therapy to other families? Why or why not?

Any other comments you'd like to share?

Would you be willing to provide a testimonial for our website or social media? Yes or No
(If yes, we'll follow up for written permission)