

## Service Feedback Form

InMotion Group is committed to quality assurance and continuous improvement. We are seeking your feedback regarding recent services provided for you. We would greatly appreciate it if you could complete this brief survey and return it to the Management team of InMotion Group, in the stamped self-addressed envelope provided. Alternatively if you would like to provide further information or suggested improvements in person please contact InMotion Group Management on (02) 4647 9995 or 1300 INMOTION (1300 466 684). Thank you for taking the time to complete this survey.

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Please respond to each of the following statements by ticking the box provided

**The InMotion Team (Admin Officer & Therapist) responded promptly to the referral request:**

Strongly Agree       Agree       Disagree       Strongly Disagree

**The InMotion Group Therapist's communication with you was regular, open and met your needs:**

Strongly Agree       Agree       Disagree       Strongly Disagree

**The InMotion Group Therapist were able to provide you with professional advice that assisted you/ your child:**

Strongly Agree       Agree       Disagree       Strongly Disagree

**The InMotion Group Therapist promoted freedom of expression, self determination and supported your ability to make decisions:**

Strongly Agree       Agree       Disagree       Strongly Disagree

**InMotion Group Therapist actively prevented abuse, harm, negligence and/ or violence in the delivery of services (where applicable):**

Strongly Agree       Agree       Disagree       Strongly Disagree

**InMotion Group helped you / your child to participate in meaningful and inclusive activities:**

Strongly Agree       Agree       Disagree       Strongly Disagree

**The services received built on individual strengths and enabled your child to achieve their goals:**

Strongly Agree       Agree       Disagree       Strongly Disagree

**You were able to provide feedback/ collaborate with your Therapist regarding ongoing service delivery:**

Strongly Agree       Agree       Disagree       Strongly Disagree

**The service was accessible for me/ my child:**

Strongly Agree       Agree       Disagree       Strongly Disagree

**The service was transparent and fair:**

Strongly Agree       Agree       Disagree       Strongly Disagree

**Management were effective and accountable in ensuring services were delivered to me/ my child:**

Strongly Agree       Agree       Disagree       Strongly Disagree

Please outline below any further information (on the next page) to allow us to understand your concerns and improve our services:

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**I would recommend the services of InMotion Group to a colleague.**

Strongly Agree       Agree       Disagree       Strongly Disagree

**Would you like to be contacted to provide additional feedback or suggestions for improvement?**

Yes       No

If yes, please provide us with your contact details Name:

Contact No