

Service Feedback Form

Dear Valued Client

InMotion Group is committed to quality assurance and continuous improvement. We are seeking your feedback following the completion of services provided to you/ your child or family member. We would greatly appreciate it if you could complete this brief survey and return it to the Management team, in the stamped self-addressed envelope provided. This feedback is collected anonymously to enable you to provide feedback that will improve our services and your interactions with us. Alternatively, if you would like to provide further information or suggested improvements in person or need assistance to complete this survey (interpreter, advocate or support person) please contact InMotion Group Management on (02) 4647 9995 or 1300 INMOTION (1300 466 684) and we will assist you. Thank you for taking the time to complete this survey.

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

The InMotion Team (Admin Officer & Therapist) responded promptly to the request for services:

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 Therapist was able to provide you with professional advice that assisted you/ your child:

Strongly Agree Agree Disagree Strongly Disagree

The Therapist promoted freedom of expression, self determination and supported you/ your child's ability to make decisions in the assessment or therapy:

Strongly Agree Agree Disagree Strongly Disagree

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

Strongly Agree Agree Disagree Strongly Disagree N/A

The Therapist/ InMotion Group has helped you /your child to participate in meaningful and inclusive activities:

Strongly Agree Agree Disagree Strongly Disagree

The services identified individual strengths and has enabled your child to work towards achievement of their goals, which may have included being able to access the community:

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 you/ your child:

Strongly Agree Agree Disagree Strongly Disagree

The service was delivered in a transparent and fair manner:

Strongly Agree Agree Disagree Strongly Disagree

Management were effective and accountable in ensuring services were delivered to me/ my child, by providing a therapist with the necessary skills and resources:

Strongly Agree Agree Disagree Strongly Disagree

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: _____

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