

Feedback and Evaluation Survey

For Participants and their Family Member/Representative

Thank you for choosing Kern Allied Health. As a team we aim to provide you with the highest quality therapy services and support.

Please take a few minutes to give us your feedback and evaluation about our therapy services by completing this short Feedback and Evaluation Form. You can choose to do this in one of the following ways (you may choose to respond anonymously if you wish):

- Complete a paper copy and return by mail (please ask your Key Worker to provide you with a paper copy and reply-paid envelope) OR
- You can return your completed form to your Key Worker or to a staff member at a Kern Clinic.

Person providing feedback:

- Participant
- Family member (please specify relationship): _____
- Representative
- Plan Manager
- Support Coordinator
- Other (please specify relationship): _____

Name (optional): _____

When thinking about your **first experience of contacting and meeting Kern staff**, please consider the extent to which you agree or disagree with the following statements:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My experience was positive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The staff were knowledgeable and helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt confident that the services received would meet my expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt heard and understood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All my/my family member's questions were answered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When thinking about your **current Kern service**, please consider the extent to which you agree or disagree with the following statements:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My Key Worker is knowledgeable and helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My therapy team is knowledgeable and helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel confident in my therapy team's ability to help reach my goals and achieve positive outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have choices about how and when therapy is delivered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My/ my family member's privacy, dignity and confidentiality are always respected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My values and beliefs are supported	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kern staff have provided me with relevant documentation to support me during my NDIS plan review process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I have received a copy of Kern’s Easy Read Feedback and Complaints Brochure:

Yes

No

Unsure

I have received a copy of Kern’s Easy Read Guide to Service Agreements:

Yes

No

Unsure

When thinking about your **Kern service experience overall**, please consider the extent to which you agree or disagree with the following statements:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I feel comfortable providing feedback about Kern or making a complaint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to provide feedback about Kern or make a complaint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, I am happy with the service Kern provides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The service I have received from Kern so far has met my expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend Kern therapy supports to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you disagreed or strongly disagreed with any of the above questions, what suggestions do you have for Kern to improve the quality of service delivery or our policies and procedures?

Is there anything that Kern does particularly well that we should keep doing?

If you self-manage your funding, or have a Plan Manager, do you have any feedback on Kern's system of invoicing? (leave blank if not applicable)

Are there any other therapy related services and supports you would like Kern to offer?

Are there any policies and/or procedures you would like a copy of, or would like to provide feedback on?

Thank you for taking the time to complete this form. Your honest feedback is highly valued and will enable us to continually improve Kern Allied Health supports.

Please return your survey via one of the following options:

- Return directly to your Key Worker or a staff member at a Kern Clinic (Mandurah or Bertram)
- Post in a reply-paid envelope provided by your Key Worker