

# Carroll County Board of Mental Retardation and Developmental Disabilities

## Customer Survey for 2009-2013 Strategic Plan

We are interested in your opinion of the services that you or your family member has received during the last twelve (12) months. Please check all areas that apply.

1. The person completing this form is:

- Individual with Disabilities   
  Parent of person receiving service   
  Residential Provider  
 Family member of person receiving services   
  Staff Member of Board  
 Other (specify): \_\_\_\_\_

2. The program(s) the Individual(s) with Disabilities received services from in the last year are:

- Early Intervention   
  Preschool Program   
  School Age Program   
  Workshop production  
 Habilitation Services at Carroll Hills Industries   
  Community Employment  
 Family Home Services   
  Residential/Supported Living   
  Family Support Services  
 Transportation   
  Services and Support Administration  
 Other \_\_\_\_\_

3. Please provide your opinion of the following statements by placing a check mark in the box of your choice:

Question:	Agree	Disagree	Undecided or N/A
Overall CCBMRDD is providing quality services to the community.			
CCBMRDD tax dollars are being spent wisely.			
Parent/Family members of CCBMRDD consumers are involved and supported.			
CCBMRDD collaborates well with other community organizations.			
Generally, CCBMRDD meets the needs of individuals with developmental disabilities.			
CCBMRDD staff treat consumers, family members, and public at large with respect and courtesy. <ul style="list-style-type: none"> <li>• Consumers</li> <li>• Family Members</li> <li>• Public</li> </ul>			
CCBMRDD communicates well with: <ul style="list-style-type: none"> <li>• Consumers</li> <li>• Family Members</li> <li>• Public</li> </ul>			
CCBMRDD prevention services, including Early Intervention and Public Awareness are provided adequately.			
Consumers have adequate choice in services offered.			

4. Of the services you have received during the last year, what top three strengths do you believe the Board's programs have?

---

---

---

---

5. Identify in order, the top priorities that you would recommend to improve the Board's services?

---

---

---

---

6. Please provide any additional comments you would like to make or specify services you would like to see the Board provide:

---

---

---

---

**Thank you very much for taking the time to complete this questionnaire.** Your participation in this project has been greatly appreciated. Please check to see that you have answered all the questions on the survey.

Please be sure to return your completed questionnaire by **May 27, 2009** for it to be included in the project.

**Completed forms should be returned to the facility** or fold, tape, stamp and mail to address below.

Fold Here

---

---

---

---

Place Stamp Here
------------------------

Matt Campbell, Superintendent Carroll County Board of Mental Retardation and Developmental Disabilities P.O. Box 429 Carrollton, Ohio 44615
---