
HOPE Family Resource Center/ CARE Program Parent Satisfaction Survey

Thank you for taking the time to complete this survey for the services you/your student received from our program. On a scale from 1-5, with 1 meaning "Strong Disagree" and a 5 meaning "Strongly Agree" please rate how much you agree with the following statements.

1. Overall, I am satisfied with the services received from the HOPE or CARE program.

1 2 3 4 5

2. The support services I received made a positive impact in my family's life.

1 2 3 4 5

3. I am more knowledgeable about the resources available in my community.

1 2 3 4 5

4. I feel my home environment has improved with the assistance I received.

1 2 3 4 5

5. I feel my emotional well-being has improved with the assistance I received.

1 2 3 4 5

6. I feel my student has improved academically since receiving support services.

1 2 3 4 5

7. Support services, like counseling, have made a positive impact in my student's life.

1 2 3 4 5

8. The CARE Closet has been beneficial to me and my family.

1 2 3 4 5

9. How did you hear about our program?

☐ School

☐ Friend

☐ City

☐ WIC

☐ 211

☐ Other

10. Comments or suggestions:

Enter your answer

11. Thank you for completing our survey! Enter your name and phone number for a chance to enter the raffle and win a \$50 giftcard.

Enter your answer

Never give out your password. [Report abuse](#)

This content is created by the owner of the form. The data you submit will be sent to the form owner. Microsoft is not responsible for the privacy or security practices of its customers, including those of this form owner. Never give out your password.

Powered by Microsoft Forms |

The owner of this form has not provided a privacy statement as to how they will use your response data. Do not provide personal or sensitive information.

| [Terms of use](#)