

**EARLY CHILDHOOD MENTAL HEALTH CONSULTATION
PARENT/GUARDIAN SATISFACTION QUESTIONNAIRE**

ECMHC Program Name: _____

Today's Date: ____/____/____

Length of time receiving consultation services (in months): _____

First & last name of consultant you worked with: _____

Please select your gender:

- Male
 Female

Please circle the best answer for each statement:

1. The consultant helped me with my child/family concerns.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
5	4	3	2	1

Comments:

2. The consultant listened and responded to my concerns about my child.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
5	4	3	2	1

3. The consultant developed a supportive relationship with my family and child.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
5	4	3	2	1

4. The consultant helped me to improve my understanding of my child's situation.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
5	4	3	2	1

5. The consultant provided referrals and resources to help my child or family get the services we needed.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
5	4	3	2	1

Please provide examples:

Continued... →

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6. The consultant communicated with my family in a professional manner.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
5	4	3	2	1

7. The consultant included my family in the plan for services and support.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
5	4	3	2	1

8. How likely are you to recommend this service to a friend?

Very Likely	Likely	Undecided	Unlikely	Very Unlikely
5	4	3	2	1

9. Consultation provided my family with strategies to understand and constructively work with challenging behavior.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
5	4	3	2	1

10. Overall, I was satisfied with the service my family received.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
5	4	3	2	1

Do you have any comments/suggestions?