



Blue Water Developmental Housing, Inc.  
2022 PARENT/GUARDIAN SATISFACTION SURVEY

Which service does your loved one receive from Blue Water Developmental Housing, Inc?  
Please select the appropriate option. If you are not sure, please refer to the letter that accompanied the survey.

\_\_\_\_\_ Community Based Supportive Services

\_\_\_\_\_ Residential Services in a Licensed Group Home Setting

1. Does your loved one feel safe & comfortable with BWDH employees?

Yes                      No

Comments:

2. Is your loved one involved in choosing the services he/she receives from BWDH?

Yes                      No

Comments:

3. Does the staff treat you and your loved one with dignity and respect?

Yes                      No

Comments:

4. Do you feel the Person-Centered Planning process by which annual goals are developed has improved your loved one's life?

Yes:                      No

Comments:

[More questions on back>](#)

5. Do you feel your loved one has privacy to make a phone call, have guests, etc.?

Yes                      No

Comments:

6. Overall, are you satisfied with BWDH services?

Yes                      No

Comments:

7. Do you have suggestions to improve our services?

Yes                      No

Comments:

8. Would you like someone to contact you regarding your services?

Yes                      No

If yes, please provide your name, phone number and best time to contact you

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. How often would you like us to contact you regarding the services your loved one receives?

If you would like to be sent surveys, updates, or other information via email in the future, please provide us with your email address. Thank you!

E-mail address: \_\_\_\_\_

\_\_\_\_\_  
Person completing survey (optional)

\_\_\_\_\_  
Date

*Thank you for your participation!*