

Institutional Assessments Services

Provider Satisfaction Survey

Date:

Agency Name:

Individual Conducting the GAIN I:

Client Name and ID#:

Assessment Date/Time:

1. Did you receive an institutional assessment voucher for 16 units?
2. Did you receive an authorization for transportation?
3. Was the institution staff helpful in scheduling an appointment time and room?
4. Did you experience a wait time exceeding 15 minutes from the original appointment time? If yes, specify:

5. Was the client on time to the appointment?
6. Were you able to access internet services at the institution?
7. How was the GAIN-I assessment administered (i.e. web-based, legacy, paper)?
8. Were you able to complete the GAIN I assessment? If not, specify: _____

Additional Comments:

Thank you for taking the time to complete this survey and sharing your valuable input!!!!