



## Kindale Developmental Association Stakeholder Questionnaire

November 2017

*Kindale values input from our community in order to achieve optimum success and satisfaction in all of our services.*

*To continually improve and meet the needs of our community, we request your assistance in filling out this questionnaire.*

*As an alternative choice, we have this survey available at our office. Please call 250-546-3005 to obtain a copy.*

*If you are a Family Member, Caregiver, or Respite Provider for a person who receives services from Kindale, please complete our Family/Caregiver Survey. Call 250-546-3005 or visit [www.kindale.net](http://www.kindale.net)*

\* 1. I am a: *(select as many as apply)*

- Professional who provides services to a person who receives services from Kindale
- Employer of a person who receives services from Kindale
- Community Member
- Volunteer
- Donor
- Other

If Other, please specify:

\* 2. I participate or know of Kindale through: *(select as many as apply)*

- Services and Programs
- Events
- Marketing
- Website
- Facebook
- Twitter
- Other

If Other, please specify:

3. Kindale employees listen to me when I have concerns or make requests:

- Yes
- No

If No, please explain:

4. I am treated with courtesy and respect at Kindale:

- Yes
- No

If No, please explain:

5. I view Kindale as a respected member of the community:

- Yes
- No

If No, please explain:

6. I would recommend the services offered by Kindale:

- Yes
- No

If No, please explain:

7. Are there services needed by the community that Kindale could provide?

8. What suggestions do you have for improvement to Kindale services or organizational functions?

9. I would like to receive more information about Kindale Developmental Association.

Name

Email

Phone

***Thank you for your feedback.***