

Program Evaluation

Please circle the appropriate letter to each statement below:

Strongly Agree = SA | Agree = A | Disagree = D | Strongly Disagree = SD

- 1. The services provided to me were extremely helpful. SA A D SD
- 2. I was able to reach the correct staff member in a reasonable period of time. SA A D SD
- 3. I will use the Agency again for similar services. SA A D SD
- 4. I will refer people to this agency. SA A D SD
- 5. I believe that services could be improved. SA A D SD

Additional comments: (please print) _____

(Optional)

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
email: _____

Need to speak to us? Phone: 904.421.5800 or Fax: 904.421.5801
TDD 1-800-955-8771
email: info@fssnf.org



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