

We Value Your Feedback

Your voice helps us care for your child better

This takes about 2-3 minutes

At Pediatric Neuropsychology Associates, PLLC, your input helps us continue to grow and better serve our community. Please take a few moments to share your thoughts about your recent experience with our practice.

Your feedback allows us to enhance the quality of care and ensure we provide meaningful, compassionate, and effective support for every child and family we serve.

This survey is voluntary and may be completed anonymously. Your decision to complete or not complete this survey will not affect your current or future care. Responses are used solely for internal quality improvement and are not used for marketing or promotional purposes.

1. How did you hear about our practice?

Referred by pediatrician

Referred by therapist/school

Internet search

Social media

Word of mouth

Other:

2. Please rate your experience with the following:

Category	Excellent	Good	Fair	Poor	N/A
Ease of scheduling					
Communication prior to appointment					
Clarity of information provided before evaluation					
Professionalism of staff					
Friendliness and compassion					
Clinician's explanation of results					
Usefulness of the evaluation report					
Overall experience					

3. What aspects of your experience were most helpful?

4. How can we serve you better?

5. Would you feel comfortable recommending our practice to others?

Yes

No

Prefer not to answer

6. Is there anything else you would like us to know about your experience or suggestions that may help us improve our services?

Thank you for your time and feedback!

If you have any immediate concerns or would like to speak with us directly, please contact our office.