**Patient Satisfaction Survey of Student PTA**

Pediatric Population

Student PTA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Clinical Instructor or Parent: Please assist the child, as necessary, in answering the following questions to the best of their ability.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Question** | **YES** | **NO** |
| 1. | (PTA Student’s Name) is nice to me. |  |  |
| 2. | I like spending time with (PTA Student’s Name). |  |  |
| 3. | I like doing therapy with (PTA Student’s Name). |  |  |

*Is there anything else you would like to say about (PTA Student’s Name)?*