**Patient Satisfaction Survey of Student PTA**

Parents and Guardians

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

*This survey is intended to help the Sinclair PTA Student in his/her development toward becoming a PTA clinician.*

*Please answer the following questions based on the care that the Sinclair Student Physical Therapist Assistant provided to your child.*

*0 = Not satisfied at all 5= Totally satisfied*

|  |  |  |
| --- | --- | --- |
|  | **Question** | **Level of Satisfaction (0 – 5)***(0=Not satisfied at all; 5=Totally satisfied)* |
| 1. | The student listened to my child. | 0 1 2 3 4 5 |
| 2. | The student took enough time with my child during treatments. | 0 1 2 3 4 5 |
| 3. | The student included me in my child’s care as much as possible. | 0 1 2 3 4 5 |
| 4. | The student talked to me about my child’s therapy and what I can do to assist in my child’s rehabilitation. | 0 1 2 3 4 5 |
| 5. | The student was friendly and helpful. | 0 1 2 3 4 5 |
| 6. | The student provided my child with good care and treatments. | 0 1 2 3 4 5 |
| 6. | Overall, I am satisfied with the care that the student gave. | 0 1 2 3 4 5 |

*Please feel free to provide any additional comments:*