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Erin Cowell OTR/L
Tracey Keaton M.S. CCC/SLP

Quality Assurance: Client Questionnaire

AFK = All For Kids Pediatric Therapy, LLC

Please circle **ALL** the therapists your child sees at AFK:

SLP: Tracey Keaton Melody Martin Brittany O'Saben Leah Maenius Halley Jo Sullivan
Vonda Kay Goodman

OT: Erin Cowell Stacey Lord Marie Laskos Jackie Brown Paul Calkin Krystal Vermiere
Megan Brown

PT: Tracie Cline

I have visited the All For Kids Website.....yes.....no.....If yes, how often _____

I have emailed my therapistyes.....no.....If yes, how often _____

Please circle the **ONE** best answer.

Agree

1. AFK.....3.....4.....
2. friend.....3.....4.....
3. room.....3.....4.....
4. cancel appointments.....3.....4.....
5.3.....4.....
6. timely manner.....3.....4.....
7. my child3.....4.....
8.3.....4.....
9. ideas for my child.....3.....4.....
10. progress/treatment.....3.....4.....
11.3.....4.....
12. AFK.....3.....4.....

Strongly Disagree Disagree Strongly Agree

I am happy with my experience at
1.....2.....

I would recommend AFK to a family member or
1.....2.....

I am comfortable in the waiting
1.....2.....

It is easy for me to schedule, re-schedule, or
1.....2.....

I find it easy to communicate with office staff.
1.....2.....

I receive paperwork/information requested in a
1.....2.....

I understand all the services AFK has to offer
1.....2.....

I am happy with my child's therapist(s)
1.....2.....

I get enough treatment or home program
1.....2.....

I am adequately informed about my child's
1.....2.....

I am happy with my child's progress
1.....2.....

My child's needs are being met at
1.....2.....

The best thing about All For Kids is:

If I could change one thing about All For Kids it would be:

In what way(s) could we improve your and your child's experience with All For Kids? :

Additional comments or stories about your experience at All For Kids Pediatric Therapy, LLC:

I prefer my comments remain anonymous.

I give All For Kids Pediatric Therapy, LLC permission to use my comments to promote their business. (Please sign below.)

Date_____Name_____Signature_____