

Feedback Form

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As you leave the ASAP Program please provide us your feedback regarding our program. Your feedback will allow us to maintain our effectiveness and improve where needed:

Client: I liked the program. I've tried other places before, and ASAP was the first one to work. It's a comfortable & safe environment. I got the help I needed, and had funding it. I liked how the counselors knew us as individuals and listened to what we had to say. Allowing the group to give advice to one another ^{and share thoughts with} made it feel like we weren't being preached at.

Parent: We liked the open group & felt that ~~_____~~ was more accepting of what her peers had to say. Also the constant change of clients allowed ~~_____~~ to see what she was & what she was becoming with her own eyes. All of this had a positive effect on her.