

Feedback Form

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 honestly think that there is nothing wrong and or need of improving, I do feel comfortable and easily motivated everytime I'm present there. I think everyone in that room is special in their own unique way.

Parent: We believe the program is positive & motivating. We especially like the way the program focuses on the future & not the past. Would recommend in the future. You've given many tools & coping strategies for ~~_____~~^{house}, hopefully he will utilize these when necessary. Time & money well spent. 