Schreiber Pediatric Rehab Center of Lancaster County

Dear Parent/Guardian:

As a "Schreiber Parent" your evaluation of the services your child received at Schreiber will assist us in meeting your needs and the needs of future children and parents. After you have completed the form, please drop it off at the front desk of the Center or email it to info@schreiberpediatric.org.

1. In review of your child's progress, how satisfied were you with the services provided by Schreiber?

Not Satisfied				Extremely Satisfied
1	2	3	4	5

2. How satisfied were you with the helpfulness of staff in all areas of the Center?

	Not Satisfied				Extremely Satisfied
Therapy Services	1	2	3	4	5
Billing	1	2	3	4	5
Scheduling	1	2	3	4	5
Reception	1	2	3	4	5
Social Services	1	2	3	4	5

3. How sufficient was the discharge information provided to you by your child's teacher/therapist?

Not Sufficient				Extremely Sufficient
1	2	3	4	5

4. If any item was scored 3 or under, please provide an explanation so we can better serve families:

_____
_____
_____

5. What types of services would you like Schreiber to offer that were not available?

_____
_____

Which Department is your child being discharged from?_____
Name (Optional): _____
Phone number:_____

Thank you for completing this questionnaire! If you have any questions, please feel free to call Jen Bachman at 717-393-0425 x136.