

**YOUR OPINION MATTERS TO US!**

This evaluation form will help us to ensure the quality of the care and services we provide. Please complete the form and place in the box provided in your CLSC's waiting room, or submit it to your healthcare provider. You can also fill out the form on our website: [www.ciusss-ouestmtl.gouv.qc.ca/en/home/](http://www.ciusss-ouestmtl.gouv.qc.ca/en/home/).

Your answers will enable us to improve our services and better meet your needs.

You received services at:	Which of the following healthcare providers did you see?			
<input type="checkbox"/> CLSC Dorval-Lachine	<input type="checkbox"/> Nurse	<input type="checkbox"/> Psychoeducator		
<input type="checkbox"/> CLSC LaSalle	<input type="checkbox"/> Social worker	<input type="checkbox"/> Special educator		
<input type="checkbox"/> CLSC Pierrefonds	<input type="checkbox"/> Speech therapist	<input type="checkbox"/> Nutritionist		
<input type="checkbox"/> CLSC Lac St-Louis	<input type="checkbox"/> Visiting homemaker			
	Please check the box (✓)			
	Agree	Somewhat agree	Somewhat disagree	Disagree
1) The quality of the care and services I received met my expectations?				
Comment(s):				
2) The wait time for services was adequate?				
Comment(s):				
3) The staff was understanding and treated me with respect?				
Comment(s):				
4) Would you recommend your CLSC for care and services?				
Comment(s):				

In your opinion, what other service(s) should the Family-Child-Youth team provide?

Please leave us your contact information if you want to be kept informed about activities or if you have suggestions concerning quality of our services:

Name:	Phone number:
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Email address:

Once completed, please send the form to the following email:  
[appreciation.services.fej.comtl@ssss.gouv.qc.ca](mailto:appreciation.services.fej.comtl@ssss.gouv.qc.ca)

**Thank you for your comments and suggestions!**