

**MORGAN COUNTY COURT SERVICES**  
**ADULT CLIENT SURVEY**

Date: \_\_\_\_\_ My Officer was: \_\_\_\_\_

**You do not need to put your name on this form. All information is confidential.**

Please check and list any programs in which you participated. (Check all boxes that apply):

**Agency Name:** \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> Substance Abuse Information (8 hr.)      | <input type="checkbox"/> Intensive Outpatient (IOP)   |
| <input type="checkbox"/> Basic Substance Abuse Education (10 hr.) | <input type="checkbox"/> Inpatient Treatment          |
| <input type="checkbox"/> Advanced Substance Abuse Edu. (20 hr.)   | <input type="checkbox"/> Anger Management Counseling  |
| <input type="checkbox"/> Marijuana Education                      | <input type="checkbox"/> Domestic Violence Counseling |
| <input type="checkbox"/> AA/NA/CA/Relapse Prevention              | <input type="checkbox"/> Sex Offender Counseling      |
| <input type="checkbox"/> Outpatient Counseling                    | <input type="checkbox"/> Other: _____                 |
| <input type="checkbox"/> Individual Counseling                    |   |

**Supervision**

<u>Agree</u>	<u>Neutral</u>	<u>Disagree</u>	
			I feel the administrative staff (receptionists) were courteous and professional.
			I feel the community supervision staff were courteous and professional.
			During orientation/intake, the staff explained my rights, responsibilities, and the issue of confidentiality.
			I feel the substance abuse evaluation and/or risk assessment process was adequate to determine my needs.
			I feel the programs/referrals and/or homework assignments were appropriate and beneficial.
			I understood what was expected for a successful completion of supervision.
			I feel the staff provided adequate monitoring of my progress.
			I feel the Courthouse Annex was safe and provided an adequate amount of privacy for my appointments.
			I feel I had input in setting my goals and/or in case plan development.
			I feel my officer listened to me.

**Programs/Services (Education and/or Treatment)**

<u>Agree</u>	<u>Neutral</u>	<u>Disagree</u>	
			I feel the instructor/counselor was knowledgeable.
			I feel the instructor/counselor helped me understand the information.
			I feel the instructor/counselor was courteous and professional.
			I feel the class size was appropriate. My class had about _____ clients.
			I feel that the material was valuable information to help me change my behavior.
			I feel the handouts were helpful in my understanding of the material presented.
			I feel the treatment/education I received will help me change my behavior and reduce my risk of being re-arrested.

**Discharge**

- I completed my program requirements and was discharged successfully.  
 I did not complete my program requirements, and I was discharged unsuccessfully.

**If you have any comments or suggestions, please feel free to submit those on the back of this form.**

For staff use only:  ADAPT  Non ADAPT  Comm. Corr. / Re-entry