



Speech Therapy Telepractice and Technology

Graduate Student Training Program
Department of Communication Sciences and Disorders

Consumer Satisfaction Survey

Name: _____ Date: _____

Relationship to client: _____

We want to ensure the highest quality of speech therapy telepractice services. Help us by responding to the questions below and return this survey to: judy.perkins.walker@umit.maine.edu. Thank you for your time.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	No comment
1. My expectations for the speech therapy telepractice program have been met.						
2. Progress was made toward speech-language goals through the speech therapy telepractice program.						
3. I would recommend this speech therapy telepractice program to other people in need of speech therapy.						
4. The graduate student clinician providing the speech therapy was easy to reach when needed.						
5. The speech therapy telepractice provided in this program meets the needs of the clients involved in this program.						
6. The graduate student clinician was responsive to my concerns.						
7. Overall, I am satisfied with the speech therapy telepractice services I have received.						

Comments: