

Appendix 1.

Please circle the number to the right of the question that best fits your response.

	Strongly Disagree			Neutral				Strongly Agree		
1. My Clinician/Supervisors were prompt in meeting therapy or diagnostic appointments.	1	2	3	4	5	6	7	8	9	10
2. The therapy environment was healthy and appealing.	1	2	3	4	5	6	7	8	9	10
3. My clinician was courteous and concerned in his/her clinical activities.	1	2	3	4	5	6	7	8	9	10
4. There were noticeable improvements in my ability to communicate following the semester of therapy.	1	2	3	4	5	6	7	8	9	10
5. Communication with the clinician was open and questions were readily answered.	1	2	3	4	5	6	7	8	9	10
6. I was motivated to attend the therapy sessions.	1	2	3	4	5	6	7	8	9	10
7. My clinician was interested in me as an individual and considered my special needs.	1	2	3	4	5	6	7	8	9	10
8. The therapy activities were beneficial.	1	2	3	4	5	6	7	8	9	10
9. My instructions were clear and understandable.	1	2	3	4	5	6	7	8	9	10
10. The clinician helped me relate the therapy activities to everyday life.	1	2	3	4	5	6	7	8	9	10
11. Therapy tasks were appropriately chosen and well organized.	1	2	3	4	5	6	7	8	9	10
12. I enjoyed my therapy sessions.	1	2	3	4	5	6	7	8	9	10
13. My clinician was well prepared.	1	2	3	4	5	6	7	8	9	10
14. I talked about my therapy with my family and/or friends.	1	2	3	4	5	6	7	8	9	10
15. My clinician was alert and competent in executing therapy activities.	1	2	3	4	5	6	7	8	9	10
16. The therapy activities were fun and interesting.	1	2	3	4	5	6	7	8	9	10
17. Sufficient equipment and materials were available for each session.	1	2	3	4	5	6	7	8	9	10
18. I would choose to return for another semester of therapy.	1	2	3	4	5	6	7	8	9	10
19. The clinician provided helpful emotional support and counseling as needed.	1	2	3	4	5	6	7	8	9	10
20. I would refer others for services here.	1	2	3	4	5	6	7	8	9	10
21. Overall satisfaction rating.	1	2	3	4	5	6	7	8	9	10