



**CLIENT SATISFACTION SURVEY
POST-ADOPTION**

Congratulations on the placement of your child(ren) for adoption from the country of _____. Now that you are completing the post-placement or post-adoption supervision period, New Beginnings would like you to complete the following survey to assess and improve our services. If the question does not apply, write N/A, not applicable, next to the question. Otherwise, please mark the appropriate box for all questions.

	Needs Improvement	Good	Excellent
Were the fees charged accurately presented in the Adoption Service Agreement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Phone calls were answered or return quickly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were the expectations of the process and timelines provided accurate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was New Beginnings your placing Agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was the information received with your referral accurate and complete?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were questions you had about your referral answered quickly and completely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You received thorough instructions on how to prepare for your travel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you traveled, you were happy with the assistance you received by representatives in the country, you traveled to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive clear instructions and assistance on how to file your USCIS paperwork?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were you contacted shortly after your arrival home with your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were your Post-Adoption or Post-Placement visits done when required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Since arrival, have you received sufficient support from New Beginnings or your agency providing services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Needs Improvement	Good	Excellent
Did you receive recommendations for other resources if needed or requested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were you assisted with the finalization or re-finalization of your adoption when requested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you feel you received support and encouragement throughout your adoption process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What was your general opinion of the overall services offered by New Beginnings during your entire process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you recommend New Beginnings to any families who inquire about international adoption to you?

Yes No

New Beginnings has been very happy to have you as a client and to have helped you to complete your family through adoption. If you have any comments you would like to share with us, please feel free to add them below.

Permission to publish comment. ☐ Yes ☐ No

Please return to:

New Beginnings Family & Children's Services, Inc.
87 Mineola Boulevard
Mineola, New York 11501

Or scan and send it to nb@new-beginnings.org