Alternative Services Assessment Survey

Please complete this survey and return it to St. Madeleine Sophie’s Center by September 25, 2020. The survey can also be completed online at https://www.surveymonkey.com/r/GTFGKNP

You may also receive a follow up call or email as more information is needed. Thank you!

Program Participant Name: ________________________________

Program:
☐ Activity Center
☐ Adult Development Center
☐ Behavior Modification
☐ Senior
☐ Supported Employment

Since the beginning of the “stay at home order” SMSC has continued to stay in touch with all program participants in a variety of ways. Most of you have already participated in one or more Alternative Service methods. We are committed to continue to provide these types of services for as long as necessary.

For you or your client, which type of Alternative Service(s) do you prefer? Check all that apply.
☐ Home visits
☐ Weekly phone calls
☐ One-on-one Zoom calls
☐ Virtual classes (Zoom and/or Teachable)
☐ Other: __________________________

SMSC has developed a wide range of virtual classes that have proven to be exceptional. We anticipate these classes will continue also for the foreseeable future.

For you or your client, which virtual class subjects would you like to see more of?
☐ Art class
☐ Music therapy
☐ Chair yoga
☐ Exercise class
☐ Journaling
☐ ASL
☐ Spanish
☐ Cooking
☐ Job training
☐ Friday game night
☐ Health & Wellness
☐ Reading
☐ Social hour

Please share any other virtual class subjects you would like to see us provide:
__________________________________________________________
__________________________________________________________

SMSC is looking to identify skills that you would like us to continue to work on with you or your client during the “stay at home order”.

Which of these skills would you like to work on with the help of SMSC?
☐ Safety awareness
☐ Covid-19 guidelines (face masks, social distancing, etc.)
☐ Accessing virtual Zoom classes
☐ Computer skills
☐ Exercise
☐ Participating in social hours
☐ Accessing teachable classes
☐ Job readiness
☐ Other: __________________________________________

Name of Respondent: ______________________________________
Phone number: __________________________________________
Email: ________________________________________________