

Southern Reins Center for Equine Therapy Parent and Caregiver Survey

Name: (Optional) _____

Session: _____

1. How would you rate the quality of the programs at Southern Reins Center for Equine Therapy?

- Very high quality
- High quality
- Neither high nor low quality
- Low quality
- Very low quality

2. If you are not continuing services past this session, please indicate why.

- Time constraint
- Cost
- Location
- Lack of interest
- Disappointment in progression
- Other (Please specify) _____

3. Overall, how satisfied or dissatisfied are you with Southern Reins Center for Equine Therapy?

- Very satisfied
- Somewhat satisfied
- Neither satisfied or dissatisfied
- Somewhat dissatisfied
- Very dissatisfied

Why? _____

4. Overall, are you satisfied with the staff and instructors at Southern Reins Center for Equine Therapy?

- Extremely satisfied
- Moderately satisfied

- Slightly satisfied
- Neither satisfied nor dissatisfied
- Slightly satisfied
- Moderately dissatisfied
- Extremely dissatisfied

Please describe. _____

5. What does Southern Reins Center for Equine Therapy do really well? _____

6. How likely is it that you would recommend Southern Reins Center for Equine Therapy to a friend or colleague? Not likely 0 1 2 3 4 5 6 7 8 9 10 Extremely Likely

7. What changes would Southern Reins Center for Equine Therapy have to make for you to give it a higher rating? _____

8. Please share any comments or questions below to help us improve our programs or to recognize any members of the staff or volunteers. _____

