

NDIS Participant Satisfaction Survey

Thank you for taking the time to provide feedback. Your responses will help us improve our services and support.

Participant Details (Optional)

- 1. Name: _____
- _____ 2. NDIS Participant Number: _____
- 3. Age Group:
 - o Under 18
 - o **18–24**
 - o **25–34**
 - o **35–44**
 - o **45–54**
 - o **55+**
- 4. Type of Services Received:

Section 1: Service Delivery

Please rate the following aspects of our services.

Question	Very Satisfied	Satisfied	l Neutral	Dissatisfied	Very Dissatisfied
How satisfied are you with the quality of services provided?	[]	[]	[]	[]	[]
How well do the services meet your needs?	[]	[]	[]	[]	[]
How accessible are the services?	[]	[]	[]	[]	[]
How respectful and supportive are staff?	[]	[]	[]	[]	[]

Section 2: Communication

Question	Very Satisfied	Satisfied	d Neutra	l Dissatisfied	Very Dissatisfied
How clear and understandable is the information provided?	[]	[]	[]	[]	[]
How responsive are staff to your inquiries?	[]	[]	[]	[]	[]
Are you kept informed about changes or updates?	[]	[]	[]	[]	[]

Section 3: Overall Experience

- On a scale of 1–10, how likely are you to recommend our services to others? (1 = Not Likely, 10 = Very Likely)
 - []1 []2 []3 []4 []5 []6 []7 []8 []9 []10
- 2. What do you like most about our services?
- 3. What areas could we improve?

Section 4: Additional Feedback

Please provide any additional comments or suggestions:

Consent for Follow-Up (Optional)

- I consent to being contacted to discuss my feedback further.
 - Phone Number: _____
 - Email Address: _____

Thank You

We appreciate your time and feedback. Your responses will help us continue to improve and provide high-quality services.

This survey can be completed online or in print.