

# PIONEER YOUTH & ADULT COMMUNITY SERVICES

3030 South Main Street #400 Salt Lake City Utah 84115 Phone: (801) 474-2500 Fax: (801) 474-9117

## CLIENT /PROCTOR RELATION FEEDBACK REPORT

CLIENT NAME:	MONTH/YEAR
PROCTOR PARENTS:	

PYACS is striving to improve the communication with the client and to better integrate services for the client placed in our program. This will obtain monthly progress report from you as a client with relation to us as the provider. Please rate yourself for each of the following categories with **1** being poor and **5** being excellent. Please draw a line for any item that is not applicable to your situation.

1	Do I enjoy my placement with my proctor family?	1	2	3	4	5
2	Do I get along with my proctor family?	1	2	3	4	5
3	Can I talk to my proctor parent's when I am having problems?	1	2	3	4	5
4	At home, I have my own personal room & space.	1	2	3	4	5
5	My tracker checks up on me on a regular basis.	1	2	3	4	5
6	I feel comfortable working with my tracker.	1	2	3	4	5
7	I know I can talk to any staff at Pioneer Youth Services when I need to.	1	2	3	4	5
8	If I need to talk to someone immediately, I can easily get a hold of a staff member?	1	2	3	4	5
9	I feel comfortable working with my therapist?	1	2	3	4	5
10	I am really benefitting from my therapy sessions.	1	2	3	4	5
11	I am meeting regularly with my therapist.	1	2	3	4	5
12	I am receiving my monthly allowance money.	1	2	3	4	5
13	I feel comfortable with any of Pioneer Youth Services staff.	1	2	3	4	5
14	I get along well with my consultant.	1	2	3	4	5
15	I feel that Pioneer Youth Services have provided me the best opportunity to become a better person.	1	2	3	4	5

**COMMENTS:** (Please use this space for concerns or issues that you feel we need to be aware of.)

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Client Signature / Date