



Graduated and past EASA Participant Survey

In efforts to continue to improve our EASA teams progress and support for participants we would like your feedback in regards to how you felt this program worked for you.

Tell us about yourself:					
	In relation to the participant you are:				
	Family	Self	Friend	Community Partner	
Please answer the following questions:					
1.	In what way do you fee	el this program did, or di	d not, meet your expecta	ations	
2.	Please give us feedback	k on how we may impro	ve the program for futur	e participants:	
3.	How well do you feel the future? Please give spe		d your team the tools to	be successful in the	
4.		vere transferred to an ou you feel it could be imp	nt of county EASA progra roved?	m, what went well with	

5.	How did this program respect and consider you and your team's values and cultural understandings, and how can this be improved?		
6.	How do you feel the EASA team was able to meet the needs and expectations during, prior and after crisis periods?		
7.	Do you feel you were given adequate information regarding psychosis and other concerns, and what were they? Please list suggestions for improvement.		
8.	Were you given information on how to be more involved with this program through hiring or other aspects, and how do you feel this could be improved?		
9.	Do you have any other comments or concerns that you would like to address with the EASA team? Please be specific.		

THANK YOU FOR YOUR FEEDBACK!

As a team we will review what you have reported to better fit your needs Please give or send this document back to your local Community Counseling Office