Center Feedback

We need your feedback regarding your contact with our Center. We hope you will take a few minutes to let us know about the quality of our efforts to help you. Please complete the following form. If you prefer, simply call us at (310) 825-3634 with your feedback or additional requests. We look forward to continuing to work with you in the best interests of children, families, and communities.

Ways in which you have had cont	tact with th	Cent	ter materials, spec	ial reports	s, publications, etc.
Received direct mail or email		came to us indirectly (e.g., shared by a colleague)			
Had contact at a presentation or special meetingsCenter staff came to us		We visited the Center and/or a site with which the Center worksOther (specify):			
How easy was it to access the Center-s res	sources?	Not at all	Somewhat	Very	Extremely
How timely and appropriate was the Ce response to your requests?	enter's	Not at all	Somewhat	Very	Extremely
How well did the Center meet your needs?	,	Not at all	Somewhat	Very	Extremely
If used, how helpful do you find our Webs	site?	Not at all	Somewhat	Very	Extremely
If receiving ENEWS, how helpful do you	find it?	Not at all	Somewhat	Very	Extremely
Other (specify):		Not at all	Somewhat	Very	Extremely
Based on your experience with the Center, w recommend that others make contact?	again and/or		YesNo		
Given the purposes for your contact, what ch	nanges, if any, d	lo you recommen	nd we make? (e.g.,	improve	content of material)
If there are additional ways in which we night hof anything you think we should include in the efforts over the coming years. Should you want 206-8716 or e-mail at smhp@ucla.edu	clearinghouse.	We look forward	to interacting with	you and co	ontributing to your
Optional: Your Name:					
Agency/Address:					
					·····
City/State/Zip:					
ne: Fax:		Email:			

Return to: UCLA Center for Mental Health in Schools; Dept. of Psychology; Box 951563; Los Angeles, CA 90095-1563