



Tonkawa Tribe Victim Services Services Evaluation

Date: ____ \ ____ \ ____

Name (optional) _____

Please fill out to the best of your ability	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. After meeting with an advocate, I received the services in a respectful and timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The services I received helped to ensure I did not return to my abusive situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I would recommend this program to a friend or family member should they experience domestic violence, sexual assault, dating violence, or stalking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How could services be improved?

Please identify the services you received through the program:

Because of the services I received I feel I know more about the community resources Yes or No:

Because of the services I received I feel I know more ways to plan for my safety Yes or No:

