**ENR No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CLIENT RELATIONS - CLIENT EXIT CHECKLIST**

**Child name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Enrollment date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last day of service:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Service(s):** Behavioral Intervention School Shadow/Paraeducator MLA Other: **­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Location of service(s):** Center Home School Other: **­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of hours received per week:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Team providing services to client:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason for exit *(if known/provided)*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Was feedback able to be obtained from Parents?** YES(*if yes, complete below)*NO

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| --- |
| **SERVICE FEEDBACK *(to be obtained from parents)*** |
| **Please rate your experience with the following departments/staff within MLC.** | **Excellent** | **Good** | **Average** | **Poor** |
| Supervision Team  | ☐ | ☐ | ☐ | ☐ |
| Service Provision Team  | ☐ | ☐ | ☐ | ☐ |
| Front Office Team | ☐ | ☐ | ☐ | ☐ |
| Client Relations Team | ☐ | ☐ | ☐ | ☐ |
| Scheduling Team | ☐ | ☐ | ☐ | ☐ |
| Accounts Team | ☐ | ☐ | ☐ | ☐ |
| **Please rate the following questions based on your complete experience with our center.** | **Very Satisfied** | **Satisfied** | **Neutral** | **Dissatisfied** |
| Company Policies and procedures | ☐ | ☐ | ☐ | ☐ |
| Quality of services | ☐ | ☐ | ☐ | ☐ |
| Value for money | ☐ | ☐ | ☐ | ☐ |
| Overall experience | ☐ | ☐ | ☐ | ☐ |

**Comments / Suggestions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- |
| **FOR OFFICE USE ONLY** |
| **Scheduling advised of exit** | Date: |
| **Accounting advised of exit** | Date: |
| **Is there a deposit amount** | YES ☐ NO ☐ *If yes, provide figure*: |
| **Is there an outstanding account balance** | YES ☐ NO ☐ *If yes, provide figure*: |
| **Do parents want deposit allocated to final bill** | YES ☐ NO ☐ N/A ☐ |
| **Refund authorization form completed and sent to Accounting *(if applicable)*** | Date: |
| **Has the account balance been settled / deposit refunded** | YES ☐ Date: N/A ☐ |
| **Was the logbook returned?*(if applicable)*** | YES ☐ NO ☐ N/A ☐ |
| **Does the client take any other services at the Center** | YES ☐ NO ☐ *If yes, provide service*: |
| **If no other services taken, client marked inactive on CRM** | Date: |

**Form completed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**