

## Feedback Form

As you leave the ASAP Program please provide us your feedback regarding our program. Your feedback will allow us to maintain our effectiveness and improve where needed:

Client: Everything that happened for me: felt was pretty on point for the most  
part. The counselors ran everything pretty tight and made sure ~~any~~ no one  
was really just doing ~~no~~ nothing at all. They always ~~a~~ cared of course and  
made sure they got to everyone and when they did it was important and helpful.  
The only problem: ~~ever~~ really saw was sometimes we'd run out of time or  
just go over time, but also we did always have big groups.

Parent: This program fulfilled my hopes  
that ~~he~~ would see he cannot ~~do this~~ <sup>remain</sup>  
free of drugs and alcohol on his own. I  
truly believe he gained tools to help  
him make better choices when faced with  
drugs and alcohol in years to come. I feel  
better about our communication and  
the trust between us. Our relationship  
is better because of this program.