

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: I wouldn't be where I am today
w/o this program. The counselors are
so good at supporting you and not
judging you. The whole environment is
so welcoming. Yes, processing is
wonderful but I wish we would
learn a little more about what drugs
do to us all throughout the Monday,
Wednesday, and Thursday. Overall I'm ^{very} satisfied

Parent: My daughter is starting to
understand how powerless this
disease is. I am hopeful
she will use the tools she has
gained in her time w/ ASAP
