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### Survey for Community Partners

Name of Organization/Group: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Who are your clients/members? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Please check 3 of the most relevant barriers to access to our services experienced by your clients/members:

<input type="checkbox"/> language and cultural issues	<input type="checkbox"/> homeless/ risk of homelessness	<input type="checkbox"/> people don't know about services offered by legal clinic
<input type="checkbox"/> literacy issues	<input type="checkbox"/> hopeless/ pessimistic about solving issue/problem	<input type="checkbox"/> location difficult to reach/find
<input type="checkbox"/> mental health issues	<input type="checkbox"/> distrust of all services	<input type="checkbox"/> difficult intake system
<input type="checkbox"/> disability	<input type="checkbox"/> past negative experience with the legal system	<input type="checkbox"/> hours of operation
<input type="checkbox"/> drug and alcohol challenges		<input type="checkbox"/> difficult to reach by phone

Others \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

How satisfied were you overall with access to the services we provide?	<i>Very Dissatisfied</i>	<i>Dissatisfied</i>	<i>Neither Dissatisfied nor Satisfied</i>	<i>Satisfied</i>	<i>Very Satisfied</i>	<i>NA</i>
Circle number	1	2	3	4	5	NA

Thank you for your assistance!