

Collaborative Practice East Bay Pro Bono Clinic

Participant Evaluation

Thank you for participating in the Collaborative Practice East Bay Pro Bono Clinic. In an effort to improve the quality of services, your answers to the following questions would be appreciated.

1. Date of Clinic 8/2/19
2. Location of Clinic: Alameda County Contra Costa County
3. How did you learn about the Clinic?
 - Family Court Facilitator
 - Collaborative Clinic Brochure
 - Prior case
 - Referral
 - Name of person making referral _____
 - Other _____

4. Did the team (coaches, attorneys, financial and child specialists) show respect for you and your viewpoint? Yes No
If no, please explain: If no, please explain:

5. Did the team (coaches, attorneys, financial and child specialists) listen to what you had to say and understand your viewpoint? Yes No
If no, please explain:

6. Was the collaborative process explained in a way that you understood what was happening during each stage of the process? Yes No
If no, please explain:

7. Are you satisfied with what was accomplished in today's meeting?
 Yes No If no, please explain:

8. Would you recommend the clinic to other families going through a family law process? Yes No If no, please explain:

9. What did you like best about the Collaborative Clinic and/or the manner in which your case was handled?

Fairness and caring professionals

10. What did you like least about the Collaborative Clinic and/or the manner in which your case was handled?

Just feeling anxious (not related to anyone)

I wish we had more time

11. What else would you like us to know about your experience with the Collaborative Clinic?

That I loved everyone!

Thank you for taking the time to answer this questionnaire.

Name: AHMAD HADLA (Optional) Date: August 2, 2019

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9. What did you like best about the Collaborative Clinic and/or the manner in which your case was handled?

Very patient in explaining process & clarifying questions. Also, removed much of anxiety that this process entails.

10. What did you like least about the Collaborative Clinic and/or the manner in which your case was handled?

Nothing

11. What else would you like us to know about your experience with the Collaborative Clinic?

It is recommended to anyone who wants the least anxiety, frustration, & emotion during process

Thank you for taking the time to answer this questionnaire.

Name: Gehan Hadla (Optional) Date: 8/2/19