

# Disenrollment Survey

**COMPLETE AT**

- Client closure

Name of home visitor: \_\_\_\_\_

Name of client: \_\_\_\_\_

Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Enrollment end date/survey date: \_\_\_\_\_ / \_\_\_\_\_ / 20 \_\_\_\_\_

1. Date of last visit: \_\_\_\_\_ / \_\_\_\_\_ / 20 \_\_\_\_\_

2. Why is the Client leaving the program?

PLEASE CHECK ONE

- Client met goals
- Client returned to work or school
- Client states they no longer/do not need services
- Client transferred out of program area
- Client/caregiver dissatisfied with program
- Excessive missed appointments/attempted visits
- Safety of the home visitor
- Unable to accommodate requested schedule
- Unable to contact or locate
- Client death
- Other: \_\_\_\_\_