

## Onsite Clinician Survey regarding Telehealth

1. Clinician Name

2. Date:

3. Facility Name

4. Please rate your ability to adequately follow directions from distant therapist (1- very difficult, 5-easy to follow)

5. Please rate the ability to collaborate with the distant therapist (1- very difficult, 5-great)

6. Were there any technical difficulties during the session?

- YES (please explain below)
- NO

7. Overall, how would you rate the telehealth experience? (1- terrible, 5-excellent)

8. Additional Comments