# Walk-through Recording Template

Use this template to record your experiences and observations from your walk-through exercise, as well as the suggestions that you’ve gathered from your staff.

Agency Name: Enter your agency's name here...

## First Contact

|  |  |
| --- | --- |
| **Observations:** | 1. Did you get a busy signal, voice mail, an automated greeting, or did a live person answer the call?
2. Did the agency offer you an appointment on your first call?
3. How long did you wait for your first appointment?
4. Would you have to miss work to attend the appointment?
5. Would you have difficulty reaching the site without access to a car?
6. Does the agency offer transportation to the site if you don’t have transportation?
 |
| **Recommendations:** |  |

## First Appointment

|  |  |
| --- | --- |
| **Observations:** | 1. Was it easy to find the agency?
2. Were parking, directions, and signage adequate?
3. Did the site feel pleasant and welcoming or cold and harsh?
4. Were you welcomed to the agency in an open and friendly manner?
 |
| **Recommendations:** |  |

## Intake and Assessment

|  |  |
| --- | --- |
| **Observations:** | 1. Did the family member accompany you through the entire intake process?
2. How long did you spend in the waiting room?
3. Was a urine test required?
4. What was the assessment process like?
5. Did you have to wait between your assessment and your first treatment session, and if so, how long?
 |
| **Recommendations:** |  |

## First Treatment Session

|  |  |
| --- | --- |
| **Observations:** | 1. How were you treated?
2. Did the agency contact you to confirm your treatment appointment?
3. Was it clear where you were to go and what you could expect to happen?
4. What questions or concerns should have been addressed before the first session?
 |
| **Recommendations:** |  |

## Final Considerations

1. What surprised you most during your walk-through?
2. What changes do you most want to make?