

CONCERNED, INC.

**SATISFACTION SURVEY FOR PERSONS SERVED**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**If you work in Organizational Employment (Work Services)  
please fill out the green portion and answer the questions in black print at the bottom:**

**If you work with the Community Employment Program  
please fill out the purple portion and answer the questions in black print at the bottom:**

**Please rate each of the following statements below concerning your jobs and the services you receive from Organizational Employment Services.**

	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Agree</u>	<u>Strongly Agree</u>
1. The staff at Concerned, Inc. treat me with dignity and respect.	1	2	3	4
2. I am happy with the job choices at Concerned, Inc.	1	2	3	4
3. I am happy with the amount of money I earn at Concerned, Inc.	1	2	3	4
4. There is enough work to do at Concerned, Inc.	1	2	3	4
5. I know who to talk to if I have a problem or a question at work.	1	2	3	4
6. I am able to do many job duties by myself at Concerned, Inc.	1	2	3	4
7. The staff help me when I have problems or questions about my job duties or classes.	1	2	3	4
8. I help plan my Individual Service Plan and choose my goals.	1	2	3	4
9. I am happy with my current goals.	1	2	3	4
10. I am happy with the progress I have made on my goals.	1	2	3	4

Please rate each of the following statements below concerning your “community job” and the services you receive from the Community Employment Services.

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
1. My Job Coach spends enough time with me.	1	2	3	4
2. I am happy with my choice of this job.	1	2	3	4
3. I am happy with the amount of money I earn at this job.	1	2	3	4
4. My parents/residential services encourage me to maintain my job.	1	2	3	4
5. I have reliable/affordable transportation to me to and from work.	1	2	3	4
6. I am able to perform my job duties by myself.	1	2	3	4
7. My co-workers help me when I have problems or questions about my job.	1	2	3	4
8. I help plan my Individual Employment Plan and choose my goals.	1	2	3	4
9. I am happy with my current work goals.	1	2	3	4
10. I have friends at work.	1	2	3	4
11. I can contact Concerned, Inc. when I have a problem or question & receive help in a short amount of time.	1	2	3	4

Additional information about services you receive from Concerned, Inc.

Is there any help that you need in your life to assist you in becoming more independent?

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How do you participate in your community?

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Are there any accommodations you need from Concerned, Inc. in order for you to reach your goals?

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Why are you seeking services from Concerned, Inc.?

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What activities do you want to participate in with Concerned, Inc.?

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What goals would you like to achieve while working with Concerned, Inc.?

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**How do you rate our services overall?      EXCELLENT      GOOD      FAIR      POOR**

**Do you have any other questions or comments that we can help you with at this time?**

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**Thank you very much for taking the time to fill out this questionnaire! Your answers and input are extremely important to us. We will use this information to provide quality services to you now and in the future.**

*-Concerned, Inc.*