## CONCERNED, INC. Community Employment Services 2017 SATISFACTION SURVEY FOR CLIENTS

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

Date:

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

Statement		Yes	No	l don't know
1.	Do you feel safe with the staff that work with you?			
2.	Do you feel that your job coach spends enough time with you?			
3.	Do you feel that staff assist you in meeting your goals?			
4.	Do you feel that you were able to choose where you wanted to work?			
5.	I am happy with the amount of money I earn at this job.			
6.	Do you feel you get the support you need to maintain your job?			
7.	I have reliable/affordable transportation available to get me to and from work.			
8.	I can perform my job duties by myself.			
9.	My coworkers help me when I have problems or questions about my job.			
10.	I lead my Person-Centered Plan and choose my goals.			
11.	Do you feel that Concerned, Inc. has rules in place to be sure that this agency is			
	doing the right thing?			
12.	Do you feel as though Concerned, Inc. follows these rules?			
13.	Do you feel Concerned, Inc. does the right thing for members regarding providing			
services?				
14.	If you need help from staff, do they help you?			

15.If "No" to any of the above questions, please explain: \_\_\_\_\_

16.Why do you choose to receive services from Concerned, Inc.?

18. Are there any accommodations you need from Concerned, Inc. at this time?

19. How do you rate our services overall?	EXCELLENT	GOOD	FAIR	POOR
20. Would you recommend our services to a friend or fa	mily member who ne	eds services?	YES	NO
21. Do you have any other questions or comments that w	ve can help you with	at this time?		

Thank you very much for taking the time to fill out this questionnaire. Your input is extremely important to us. We will use this information to continue providing quality services to you now and in the future.

## , Community Employment Coordinator