

CONCERNED, INC.
Organizational Employment Services 2017
SATISFACTION SURVEY FOR CLIENTS

Name: _____

Date: _____

Please rate each of the following statements below concerning your "employment" and the services you receive from the Organizational Employment Department.

Statement	Yes	No	I don't know
1. Do you feel safe with the staff that work with you?			
2. Do you feel the staff assist you in meeting your goals?			
3. Do you feel that you are treated the same as compared to your peers?			
4. Do you feel there are enough and a good variety of job choices at Concerned, Inc.?			
5. I am happy with the amount of money I earn at Concerned, Inc.			
6. I know who to talk to if I have a problem or a question at work.			
7. Do you feel you have the freedom to choose your daily work station?			
8. I can do many job duties by myself at Concerned, Inc.			
9. I lead my Person-Centered Plan meeting and choose my goals.			
10. Do you feel you can seek employment in the community?			
11. Do you feel that Concerned, Inc. has rules in place to be sure that his 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. Is there any help that you need in your life to assist you in becoming more independent? _____

18. Are there any accommodations you need from Concerned, Inc.? _____

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

20. Would you recommend our services to a friend or family member who needs services? **YES** **NO**

21. 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 input is extremely important to us. We will use this information to continue providing quality services to you now and in the future