

COMMISSION ON REHABILITATION SERVICES SATISFACTION SURVEY FOR CUSTOMERS WITH PRE-LINGUAL DEAFNESS

State Form 49603 (R2/4-05) / VRS 0019

INSTRUCTIONS AND OPTIONS

Vocational Rehabilitation (VR) would like to improve its services. You can help us by letting us know how we are doing. Please take a few minutes to answer the questions on the next page.

You may have concerns and want to talk to someone about your services or job. If you do, check the box <u>OR</u> call the toll-free telephone number by the person you would like to see at the bottom of the next page. If you have things to say about your services or how services could be improved, please write them on the back of the next page.

You have two choices:

Choice One: Answer the survey in the VR office. Put the survey in the pre-addressed and prestamped envelope. Give it to the receptionist or secretary and it will be mailed for you.

Choice Two: Take the survey home to answer. Use the pre-addressed and pre-stamped envelope to mail it.

Please feel free to ask questions about the survey while you are at the VR office. Thank you very much for your help.

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Circle the answer to the right which <u>BEST</u> tells how you grade each item below. Feel free to ask for help in filling out this survey if you need it. Client ID: 0 (23) GOOD **OKAY** 1. It was easy for me to visit my counselor's **VERY BAD VERY** office. GOOD BAD **VERY** GOOD **OKAY BAD VERY** 2. I like the job I have now. GOOD **BAD** GOOD OKAY 3. My employer provides fringe benefits. VERY **BAD VERY** GOOD BAD VERY GOOD OKAY **BAD VERY** 4. I am satisfied with my fringe benefits. GOOD BAD 5. I got the kind of job I wanted. **VERY** GOOD OKAY BAD **VERY GOOD BAD** 6. I got the services I needed to keep the job I have now. VERY GOOD **OKAY BAD VERY** GOOD **BAD** OKAY 7. I picked the kind of job I wanted. **VERY** GOOD **BAD VERY** GOOD BAD 8. I was able to pick the kind of help I got. VERY GOOD OKAY **BAD VERY** GOOD BAD VERY GOOD OKAY **BAD** 9. I was able to pick the people who helped me. VERY **GOOD BAD** 10. My counselor was nice to me. VERY GOOD OKAY **BAD VERY** GOOD **BAD** VERY 11. The other Vocational Rehabilitation staff were nice GOOD OKAY **BAD VERY** to me. GOOD **BAD** 12. The other people who helped provide services to VERY GOOD OKAY BAD **VERY** me were nice to me. GOOD BAD 13. I was able to talk to my counselor face to face or by VERY GOOD OKAY **BAD VERY** TTY or Relay when I wanted to. GOOD BAD 14. I got fast help from Vocational Rehabilitation. **VERY** GOOD OKAY **BAD VERY** GOOD BAD 15. I will tell my friends to ask Vocational Rehabilitation VERY GOOD OKAY **BAD VERY** to help them. GOOD BAD If you want to talk to someone about your services or job, then check the box OR call the toll-free telephone number by the person you would like to see. If not, then leave both boxes empty. [] I want to talk to the Area Supervisor. [] I want to talk to the Region Manager. If you have things to say about your services or how services could be improved, write them on the back of this page.

COMMENTS
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