

Customer Satisfaction Survey - Participant

1. Did you clearly understand your responsibilities to participate in the program?

Yes No Unsure

2. Would you recommend this program?

1 - Would not Recommend 2 - Would Possibly Recommend 3 - Would Recommend 4 - Would Strongly Recommend 5 - Would Very Strongly Recommend

4. Did you receive the services needed to achieve your goal as outlined in the plan you developed with your case manager?

1 - I Don't Know 2 - Received None of the Services Needed 3 - Received Some of the Services Needed 4 - Received Most but Not All Services Needed 5 - Received All Services Needed

5. Overall were you satisfied with the services in the Workforce Innovation and Opportunity Act Title 1 Program?

1 - Very Dissatisfied 2 - Dissatisfied 3 - Neither Satisfied nor Dissatisfied 4 - Satisfied 5 - Very Satisfied

6. How satisfied were you with the professionalism and accessibility of staff?

1 - Very Dissatisfied 2 - Dissatisfied 3 - Neither Satisfied nor Dissatisfied 4 - Satisfied 5 - Very Satisfied

7. Were you able to find employment in your career field after you completed this program?

Not Seeking Employment At This Time Not Applicable No, I Did Not Find Employment Yes, I Found Employment, but Not in My Career Field Yes, I Found Employment in My Career Field

8. If you found employment, are you likely to keep this job over the next six months?

Yes No Unsure

9. What changes would you suggest to improve the services in this program?

10. Do you want someone to contact you?

Yes

No

(Optional) Name/information

Name:

Phone Number:

Email Address:

Additional Comments