

# Consumer Satisfaction Questionnaire

<b>Consumer/Intern</b>		<b>Contact Person</b>	
<b>SRESS Contact</b>		<b>Date</b>	

We would be grateful if you could spare a few minutes to complete this Consumer Satisfaction Questionnaire to help us ensure that our standard and consumer satisfaction exceeds expectations whenever possible.

Please tick the appropriate box to indicate your degree of satisfaction.

Where: **1** = Excellent,    **2** = Good,    **3** = Satisfactory,    **4** = Poor

TOPIC	1	2	3	4	Comments / Suggestions
How do you rate our professionalism in dealing with you?					
If you receive any technical support, how do you rate the technical competence of our staff?					
How well do you have opportunities to provide feedback on the performance of staff that support you?					
How well do you have opportunities for communication with staff that support you on a regular and timely basis?					
How well does your staff provide effective methods to assist you in exploring your job interests?					
How well have you been supported to work in integrated job settings?					
How would you rate staff in working closely with you in planning, identifying, and developing your job goals and support needs?					
How would you rate how well you and family have been encouraged and supported to understand the benefits of integrated employment?					
How well would you rate your Staff in supporting you to obtain employment that matches your skills and interests?					
How well or if any have accommodations and adjustments are made to enable you to perform your job functions?					
How do you rate staff clearly explaining to you employee benefits and rights?					
How would you rate employers giving you feedback on your performance?					
How would you rate being supported to explore your personal interest and options for community involvement, personal interest, and hobbies?					
How much are you involved in activities that connect you to other non-disabled people in the community?					
How well do you rate your decision making of what to do during the day on a regular basis?					
Do you have any comments or suggestions that would help us improve our quality of customer service?					

What do you <u>like</u> about SRESS employment services?	_____ _____ _____ _____
What do you <u>dislike</u> about SRESS employment services?	_____ _____ _____
How well do you think we understand your employment needs?	_____ _____ _____
What would we need to do to satisfy your requirements even more?	_____ _____ _____
Would you be prepared to recommend SRESS to others?	_____ _____ _____
Would you be prepared to provide a statement for use in our literature and or Website?	_____ _____ _____ _____ _____

Consumer Signature: ..... Date: .....