Parent /Care Provider Satisfaction Survey

VLI strives to provide the best possible vocational services to those consumers involved with our program. As someone who is also involved with (or more) of these individuals, we value your input. We would appreciate if you take a few minutes to complete this questionnaire. Your responses will be confidential; however, if you would like to discuss any areas of concern with someone from our offices, please include your name and daytime telephone number. The information gathered from this form will be used to assist us in maintaining the high quality services to which we hope you are accustomed. Thank You for your continued support of VLI.

|  |  |
| --- | --- |
| Name (optional): | Email: |
| Phone Number: |  |
| Date: |  |

On a scale of 1-5, check the number reflecting the degree of satisfaction; check "NR" if you have no response.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Do you feel that VLI provides quality services which promote vocational growth? | | | | | |
| Definitely Most  Not Definitely | | | | | NR |
| 1 | 2 | 3 | 4 | 5 |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 2. Do you feel that your son/daughter are treated with dignity and respect? | | | | | |
| Definitely Most  Not Definitely | | | | | NR |
| 1 | 2 | 3 | 4 | 5 |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 3. Do yo ufeel interaction with VLI staff is productive and responsive? | | | | | |
| Definitely Most  Not Definitely | | | | | NR |
| 1 | 2 | 3 | 4 | 5 |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 4. Do you feel that your son/daughter is satisfied with their worksite? | | | | | |
| Definitely Most  Not Definitely | | | | | NR |
| 1 | 2 | 3 | 4 | 5 |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 5. How often do you interact with VLI staff? | | | | | |
| Never Frequently | | | | | NR |
| 1 | 2 | 3 | 4 | 5 |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 6.Overall, how satisfied are you with the services that are provided for your son/daughter at VLI? | | | | | |
| Not at all Very | | | | | NR |
| 1 | 2 | 3 | 4 | 5 |  |

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| 7. How could our staff serve you or your consumer better? (or any other comments) |
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| 8. (Optional) If you are not satisfied with the services being provided and wish to discuss your concerns, please write your name and number and we will be happy to contact you to discuss these issues |
| Your Name: |
| Daytime Number: |

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| 9. We continually update our website and would like to include your comment. Your comment below indicates your approval to use it on our website at www.valleylightind.org. |
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For additional information please contact our offices at

(626) 337-6200

Valleylightctr.org

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