Consumer Satisfaction Survey

This document will be used as a measurement of consumer satisfaction with services received. The information stated here will become part of VLI's assessment of program quality. This survey can be administered in any way which best meets consumers ability to respond to the following questions; depending on level of communication, interviewer may assist consumer in completing the checklist, narrative or a combination of both in order to obtain the most accurate assessment of services provided from the consumers perspective.

|  |  |
| --- | --- |
| Consumer Name: | Interviewer: |
| Program Component: | Date: |

|  |  |
| --- | --- |
| 1. Do you like your jobsite? | |
| YES | NO |

|  |  |
| --- | --- |
| 2. Do you understand your goals? | |
| YES | NO |

|  |  |
| --- | --- |
| 3. Does your supervisor/job coach and case manager treat you good? | |
| YES | NO |

|  |  |
| --- | --- |
| 4. Do you get to do jobs you want? | |
| YES | NO |

|  |  |
| --- | --- |
| 5. Do you feel safe at your job? | |
| YES | NO |

|  |  |
| --- | --- |
| 6. Do you think you are learning how to do your job? | |
| YES | NO |

|  |  |
| --- | --- |
| 7. Is there anything you would like to change about your job? | |
| YES | NO |

|  |  |
| --- | --- |
| 8. Do you know who else you can talk to in the office if you need help? | |
| YES | NO |

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| 9. Do you want to tell us anything else? |
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For additional information please contact our office at

(626) 337-6200

Valleylightctr.org

Revised: 11-2022