



Participant Satisfaction Survey

Participant Name: _____ **ASSET PIN/ETO ID:** _____

Please complete following three questions on a scale of 1 – 5, with 5 indicating Very Good and 1 Very Poor.

- | | Very Good | | | | Very Poor |
|--|-----------|---|---|---|-----------|
| 1. How would you rate the program overall? | 5 | 4 | 3 | 2 | 1 |
| 2. How would you rate your career planner? | 5 | 4 | 3 | 2 | 1 |
| 3. How helpful were the services you received? | 5 | 4 | 3 | 2 | 1 |
| 4. Did your career planner develop an individual employment plan for you? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |

5. Were you fully aware of the employment and training goals that were set with you? ☐ Yes ☐ No

If yes, was it followed? _____

6. Are you employed? ☐ Yes ☐ No If yes, answer a-d below

a. What type of job do you have? _____

b. How did you find out about this job? _____

c. How long have you held this position? _____

d. Have you requested additional service since being employed? _____

7. When was your last contact with your career planner? (date) _____

8. Were you informed of the grievance procedure? ☐ Yes ☐ No

9. Please tell me one area you would like to see improvement. _____

10. Would you recommend this program to others? _____

11. Do you have any additional comments or suggestions? _____
