



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	
	5	4	3	2	1
1. How would you rate the program overall?					
2. How would you rate your career planner?					
3. How helpful were the services you received?					
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? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, was it followed? _____					
6. Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? _____					
