**5-Why on Customer Satisfaction Indicators**

**Quality Indicator Three: Vocational Rehabilitation System and Partnerships**

Your satisfaction in receiving services from and creating relationships within vocational rehabilitation (VR) may be influenced by:

* The value that you see in your relationship with VR.
* The quality of the services you received.
* The receipt of consistent messages from all VR staff, vendors, and community partners.
* How staff worked with you and one another to help you choose and progress toward your employment goal.
* Other experiences that affected your progress towards your vocational goals.

**On a scale of 1 – 4 where “1” means “untrue” and “4” means “True”, please respond to the following statements:**

1. **I had a satisfactory experience throughout the vocational rehabilitation process.**

1-Untrue 2- Mostly Untrue 3- Mostly True 4- True

1. **My introduction to the vocational rehabilitation process was adequate when I applied for services.**

1-Untrue 2- Mostly Untrue 3- Mostly True 4- True

**“True” or “False” follow-up (alright to say “not applicable):**

* + Staff explained that employment is the purpose of services.
	+ Staff explained the process that I would follow.
	+ Staff explained my rights and responsibilities as a partner in the process.
	+ Staff explained what services were available to help me become employed.
1. **My eligibility determination process went smoothly.**

1-Untrue 2- Mostly Untrue 3- Mostly True 4- True

**“True” or “False” follow-up (alright to say “not applicable):**

* Staff explained why I needed to be found eligible before receiving services.
* Staff explained the steps they would use to determine whether I was eligible for services.
* Staff informed me of my need to be involved in the eligibility determination process.
* Staff notified me when I was eligible to begin services.
1. **My *Individualized Plan for Employment* was carried out to my satisfaction.**

1-Untrue 2- Mostly Untrue 3- Mostly True 4- True

**“True” or “False” follow-up (alright to say “not applicable):**

* All services on my plan were needed for me to achieve my employment goal.
* Everyone involved in my plan worked well together to address issues.
* Changes to my plan were considered and made when appropriate.
* Vendors and community partners provided services consistent with my plan.
1. **My disabling condition was adequately accommodated.**

1-Untrue 2- Mostly Untrue 3- Mostly True 4- True

**“True” or “False” follow-up (alright to say “not applicable):**

* Staff scheduled appointments in accessible locations.
* Staff supported me as a partner in the planning process.
* Staff fulfilled my requests for written communication.
* Staff referred me to community partners who understood my disability.