Thank you for taking the time to complete this survey. We are interested in hearing your input regarding the services you have received from the Division of Rehabilitative Services.

1. **For each question below, please circle the number that best describes your answer [1=Yes, 2=No, 3=Don’t Know]. Also, please tell us your reason for saying Yes, No, or Don’t Know.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No | Don’t Know | Reason for saying Yes, No, or Don’t know |
| Have you and your counselor agreed on your plans for reaching your job goal? | 1 | 2 | 3 |  |
| Is your counselor helpful in connecting you with people and services you need to reach your job goal? | 1 | 2 | 3 |  |
| Has your counselor kept in contact with you throughout the process? | 1 | 2 | 3 |  |
| Is your counselor meeting the timetables discussed for reaching your job goal? | 1 | 2 | 3 |  |
| Is your counselor doing what he/she said he/she would do to help you reach your job goal? | 1 | 2 | 3 |  |
| Do you believe everyone (for example: job coach, school, family, college, or other DRS staff) is working together to help you reach your job goal? | 1 | 2 | 3 |  |
|  |
|  | Yes | No | Don’t Know | If yes, please describe your problem  |
| Have you had any problems with DRS that are related to a disability? For example, are you having trouble due to a lack of speech, hearing, visual, or physical accommodations? | 1 | 2 | 3 |  |

**Please turn over and continue on page 2**.

1. **What is the BEST thing that has happened to help you move towards your job goal?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **What would help you move closer to your job goal?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Please circle the number that best describes who completed this survey.**

|  |  |  |
| --- | --- | --- |
| 1 | 2 | 3 |
| I am the person receiving services from DRS and I completed this survey on my own. | I am the person receiving services from DRS and someone helped me complete this survey. | I am not the person receiving services from DRS. I completed the survey based on my knowledge of the person receiving services from DRS. My relationship to the person receiving services is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |

Thank you for completing this survey.

Your answers will be shared only with research analysts unless you sign the statement below.

I would also like to share my answers with DRS staff (counselors, managers, and directors) signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.