CID­#

Please take a few minutes to share your feedback about your experiences working with the Division of Vocational Rehabilitation (DVR). Your feedback is important in improving the vocational rehabilitation process.

1. **My DVR Office was:**

[ ]  Wilmington Office

[ ]  Pencader or Middletown Office

[ ]  Dover or Milford Office

[ ]  Georgetown Office

1. **The quality of my relationship with my vocational rehabilitation counselor was:**

[ ]  Excellent

[ ]  Very Good

[ ]  Good

[ ]  Fair

[ ]  Poor

[ ]  Very Poor

1. **My satisfaction with the opportunity to choose my vocational rehabilitation goal and services is:**

 [ ]  Very Satisfied

 [ ]  Somewhat Satisfied

 [ ]  Neutral

 [ ]  Somewhat Dissatisfied

 [ ]  Very Dissatisfied

1. **My reason(s) for leaving DVR services prior to obtaining employment related to:**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Problem related to my disability |  |  |
| Family related problem |  |  |
| Transportation related problem |  |  |
| Problem related to DVR staff relationship |  |  |
| Problem related to DVR vendor or service provider |  |  |
| Other |  |  |

1. **I will come back to DVR if I need additional employment services:**

[ ]  Very likely

[ ]  Somewhat likely

[ ]  Neutral

[ ]  Somewhat unlikely

[ ]  Very Unlikely

1. **Overall, my satisfaction with DVR is:**

 [ ]  Very Satisfied

 [ ]  Somewhat Satisfied

 [ ]  Neutral

 [ ]  Somewhat Dissatisfied

 [ ]  Very Dissatisfied

**(please turn to other side to add any comments or suggestions)**

1. **Please provide any additional comments about your experience with DVR.**

**Thank you for participating in this survey. Your input is valuable.**