

Maine Division of Vocational Rehabilitation

Quality Assurance Survey

We are asking you to participate in an important study of your satisfaction with the services you receive from Maine Division of Vocational Rehabilitation. The overall purpose of the project is to determine your level of satisfaction with the services you have received, whether you have experienced any problems, and your suggestions for improving service. Market Decisions has been contracted by the agency to conduct this research. We are asking you to take a few moments to complete and return this survey. Answering the questions should take about 15 minutes of your time.

Your participation is important. Participating in the study will help insure that the services provided to you and others are the best possible. Your participation is voluntary and information will be held in the strictest of confidence. Your name will in no way be associated with the answers you provide.

If you have any questions about this survey or would like to verify its legitimacy, please feel free to call the project director, Dr. Brian Robertson at 1-800-293-1538 extension 102. If you would prefer to complete this survey by telephone, you may call 1-800-293-1538 extension 107 and we will make arrangements for you to do so.

To complete this survey, please indicate your answer by placing a check mark or filling in the square next to your answer or write in the spaces provided. If you need help with completing the survey, please feel free to have another member of your household assist you. All we ask is that this person is familiar with your experiences with the agency. If someone else does answer the questions on your behalf, please have this person indicate their relationship to you in the space provided below.

**This survey was completed by:**

|  |  |
| --- | --- |
| 🞎 | Myself (the person named on the envelope) |
| 🞎 | By someone else (Please indicate your relationship to the person named on the envelope) |

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**Please put the completed survey in the envelope provided**

**and mail to *Market Decisions* by ADD DATE**

1. Overall, how satisfied are you with the Maine Division of Vocational Rehabilitation’s program?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Very Satisfied | Satisfied | Neither Satisfied nor Dissatisfied | Dissatisfied | Very Dissatisfied |
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If you are not satisfied, please use the space below to tell us why.

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2. What services did you receive/are you receiving from Maine Division of Vocational Rehabilitation?

|  |  |  |  |
| --- | --- | --- | --- |
| 🞎 | Information | 🞎 | Home modifications  |
| 🞎 | Information about new services  | 🞎 | Homemaking skills |
| 🞎 | Counseling  | 🞎 | Personal or living skills |
| 🞎 | Vocational guidance & counseling | 🞎 | Social adjustment counseling |
| 🞎 | Help in finding a job  | 🞎 | Mobility instruction training |
| 🞎 | Home based employment  | 🞎 | Rehabilitation teaching or training |
| 🞎 | College education or training  | 🞎 | Situational assessment or job trial |
| 🞎 | Business or vocational training  | 🞎 | Transportation |
| 🞎 | Adaptive equipment  | 🞎 | Vehicle modifications |
| 🞎 | Medical treatment or services  | 🞎 | Other (please specify below) |
| 🞎 | Low vision aids  |  |  |
| 🞎 | Testing or evaluation  |  |  |

3. What were the most helpful services provided to you by the Maine Division of Vocational Rehabilitation program?

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| --- | --- | --- | --- |
| 🞎 | Information | 🞎 | Home modifications  |
| 🞎 | Information about new services  | 🞎 | Homemaking skills |
| 🞎 | Counseling  | 🞎 | Personal or living skills |
| 🞎 | Vocational guidance & counseling | 🞎 | Social adjustment counseling |
| 🞎 | Help in finding a job  | 🞎 | Mobility instruction training |
| 🞎 | Home based employment  | 🞎 | Rehabilitation teaching or training |
| 🞎 | College education or training  | 🞎 | Situational assessment or job trial |
| 🞎 | Business or vocational training  | 🞎 | Transportation |
| 🞎 | Adaptive equipment  | 🞎 | Vehicle modifications |
| 🞎 | Medical treatment or services  | 🞎 | Other (please specify below) |
| 🞎 | Low vision aids  |  |  |
| 🞎 | Testing or evaluation  |  |  |

4. How satisfied were you with your control and involvement in your vocational rehabilitation experience?

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| --- | --- | --- | --- | --- |
| Very Satisfied | Satisfied | Neither Satisfied nor Dissatisfied | Dissatisfied | Very Dissatisfied |
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If you were not satisfied, why?

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5. How satisfied were you with your choice of a vocational goal?

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| --- | --- | --- | --- | --- |
| Very Satisfied | Satisfied | Neither Satisfied nor Dissatisfied | Dissatisfied | Very Dissatisfied |
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If you were not satisfied, why?

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6. How satisfied were you with the choice of services that were available?

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| --- | --- | --- | --- | --- |
| Very Satisfied | Satisfied | Neither Satisfied nor Dissatisfied | Dissatisfied | Very Dissatisfied |
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If you were not satisfied, why?

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7. How satisfied were you with the choice of service providers? (Examples would include a job coach, other agencies to which you were referred, or counseling staff.)

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| --- | --- | --- | --- | --- |
| Very Satisfied | Satisfied | Neither Satisfied nor Dissatisfied | Dissatisfied | Very Dissatisfied |
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If you were not satisfied, why?

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8. How satisfied were you with the kind and amount of information you were given about the choices you had?

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| --- | --- | --- | --- | --- |
| Very Satisfied | Satisfied | Neither Satisfied nor Dissatisfied | Dissatisfied | Very Dissatisfied |
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If you were not satisfied, why?

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9. How satisfied were you with how long it took your counselor to answer your questions or address your concerns?

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| --- | --- | --- | --- | --- |
| Very Satisfied | Satisfied | Neither Satisfied nor Dissatisfied | Dissatisfied | Very Dissatisfied |
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If you were not satisfied, why?

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10. How easy was it for you to complete the application for vocational rehabilitation services?

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| --- | --- | --- | --- |
| Very Easy | Somewhat Easy | Somewhat Difficult | Very Difficult |
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If you did NOT find it VERY EASY, why was that? What could be done to make the application process easier?

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11. How helpful was the staff of the Maine Division of Vocational Rehabilitation in helping you achieve your vocational rehabilitation goals?

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| --- | --- | --- | --- |
| Very Helpful | Somewhat Helpful | Not Very Helpful | Not at all Helpful |
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If you did NOT find the staff VERY HELPFUL, why was that? What could they have done to be more helpful?

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12. How easy was it for you to contact your vocational rehabilitation counselor?

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| --- | --- | --- | --- |
| Very Easy | Somewhat Easy | Somewhat Difficult | Very Difficult |
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If you did NOT find it VERY EASY to contact your counselor, why was that? What could they have done to make it easier?

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13. How accessible was the Maine Division of Vocational Rehabilitation office for someone with your type of disability? (By accessible we mean that it was easy for you to get in and out of the office, to easily move around while inside the office, that materials are available in alternative formats such as Braille, or that there are interpreters available?)

|  |  |  |  |
| --- | --- | --- | --- |
| Very accessible | Somewhat accessible | Not very accessible | Not at all accessible |
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If you did NOT find the office VERY ACCESSIBLE, why was that? What could they have done to make the office more accessible?

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For the next 3 questions, please tell us if you Strongly Agree, Somewhat Agree, NEITHER Agree nor Disagree, Somewhat Disagree, or Strongly Disagree with each statement. If it is not applicable to your case, mark the box for “Does Not Apply”.

14. The vocational rehabilitation services I received helped me become more financially independent.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Strongly Agree | Somewhat Agree | Neither Agree nor Disagree | Somewhat Disagree | Strongly Disagree | Does Not Apply |
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If you disagree, please tell us why.

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15. The Maine Division of Vocational Rehabilitation staff treated me with dignity and respect.

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| --- | --- | --- | --- | --- | --- |
| Strongly Agree | Somewhat Agree | Neither Agree nor Disagree | Somewhat Disagree | Strongly Disagree | Does Not Apply |
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If you disagree, why?

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16. The Maine Division of Vocational Rehabilitation helped me reach my job goals.

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| --- | --- | --- | --- | --- | --- |
| Strongly Agree | Somewhat Agree | Neither Agree nor Disagree | Somewhat Disagree | Strongly Disagree | Does Not Apply |
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If you disagree, why?

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17. How satisfied would you say you are with the services provided by the Maine Division of Vocational Rehabilitation?

**(Please rate your satisfaction on a scale from one to ten where 1 is VERY DISSATISFIED and 10 means you are VERY SATISFIED)**

|  |  |
| --- | --- |
| VeryDissatisfied | VerySatisfied |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
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If you rated your satisfaction with the services provided as **5 OR BELOW,** please tell us why you are not satisfied.

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18. Considering all of the expectations you may have had about the services provided by the Maine Division of Vocational Rehabilitation, to what extent have these services met your expectations? **(Please rate this on a scale from 1 to 10 where 1 means the Maine Division of Vocational Rehabilitation met NONE of your expectations and 10 means that the Maine Division of Vocational Rehabilitation met your expectations COMPLETELY.)**

|  |  |
| --- | --- |
| Met None ofMy Expectations | Met ExpectationsCompletely |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
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19. Now I want you to think of the ideal program for people in your circumstances. How well do you think the services you received from the Maine Division of Vocational Rehabilitation compared to the services that would be offered by your IDEAL program?

**(Again rate this from 1 to 10 where 1 means the Maine Division of Vocational Rehabilitation program was NOT AT ALL ideal for people in your circumstances and 10 means the program was COMPLETELY ideal for people in your circumstances.)**

|  |  |
| --- | --- |
| Not at allIdeal | CompletelyIdeal |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
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20. All things considered, would you tell your friends with disabilities to go to Maine Division of Vocational Rehabilitation program for help?

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| --- | --- |
| 🞎 | YES |
| 🞎 | NO |

Why or why not?

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1. Were you informed of your rights and the steps that you could take if you had a problem with Maine Division of Vocational Rehabilitation?

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| --- | --- |
| 🞎 | YES |
| 🞎 | NO |

1. Were you informed that if you had a problem with Maine Division of Vocational Rehabilitation, you could address it with the Client Assistance Program or Project?

|  |  |
| --- | --- |
| 🞎 | YES |
| 🞎 | NO |

1. Did you ever contact the Client Assistance Program?

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| --- | --- | --- |
| 🞎 | YES | **Please Answer Question 24** |
| 🞎 | NO | **Please Skip to Question 25** |

1. How helpful was the Client Assistance Program?

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| --- | --- | --- | --- |
| Very Helpful | Somewhat Helpful | Not Very Helpful | Not at all Helpful |
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1. Have you experienced any problems with the Maine Division of Vocational Rehabilitation or the services they have provided to you?

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| --- | --- | --- |
| 🞎 | YES | **Please answer Questions 26** |
| 🞎 | NO | Please skip to Question 27 |

If you experienced problems, what were they?

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1. Did Maine Division of Vocational Rehabilitation work to resolve this problem?

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| 🞎 | YES |
| 🞎 | NO |

1. What could the Maine Division of Vocational Rehabilitation do to improve the services it offers to you and others?

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1. Are you currently… (Mark all that apply)

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| --- | --- | --- |
| 🞎 | Working full time, that is more than 35 hours per week | Please answer Question 29 |
| 🞎 | Working part time | **Please answer Question 29** |
| 🞎 | Currently looking for a job | **Please skip to Question 30** |
| 🞎 | In school or receiving job training | **Please skip to Question 30** |
| 🞎 | Keeping house | **Please skip to Question 30** |
| 🞎 | Currently unable to work | **Please skip to Question 30** |
| 🞎 | Volunteering your time | **Please skip to Question 30** |

1. Thinking about your current job, how satisfied are you with what you are doing?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Very Satisfied | Satisfied | Neither Satisfied nor Dissatisfied | Dissatisfied | Very Dissatisfied |
| 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

1. What type of job or career do you think you want?

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1. Did you participate in the Career Exploration Workshop?

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| --- | --- | --- |
| 🞎 | YES | **Please Answer Question 32** |
| 🞎 | NO | **Please Skip to Question 33** |

1. How helpful did you find the Career Exploration Workshop?

|  |  |  |  |
| --- | --- | --- | --- |
| Very Helpful | Somewhat Helpful | Not Very Helpful | Not at all Helpful |
| 🞎 | 🞎 | 🞎 | 🞎 |

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1. While a client of the Maine Division of Vocational Rehabilitation, did you have more than one vocational rehabilitation counselor?

|  |  |  |
| --- | --- | --- |
| 🞎 | YES | **Please answer question 34** |
| 🞎 | NO | **Please skip to question 35** |

1. Did this in any way affect your ability to get services through the Maine Division of Vocational Rehabilitation?

|  |  |
| --- | --- |
| 🞎 | YES |
| 🞎 | NO |

If yes how did this affect your ability to get services?

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1. If you needed benefits counseling, were you able to access benefits counseling through vocational rehabilitation?

Benefits counseling refers to the counseling you may have received from a Community Work Incentive Coordinator or CWIC (pronounced Cee-Wick) about the potential impacts of earnings and the vocational rehabilitation program on things like Social Security benefits (i.e. a reduction in benefits from things like SSDI if you got a job).

|  |  |  |
| --- | --- | --- |
| 🞎 | YES | **Please answer question 36** |
| 🞎 | NO | **Please skip to question 37** |
| 🞎 | DID NOT NEED BENEFITS COUNSELING | **Please skip to question 37** |

1. How valuable did you find this benefits counseling?

|  |  |  |  |
| --- | --- | --- | --- |
| Very Valuable | Somewhat Valuable | Not Very Valuable | Not at all Valuable |
| 🞎 | 🞎 | 🞎 | 🞎 |

1. Did you receive any job coaching or job development services? These services would have been offered by a provider to which you were referred to by the Maine Division of Vocational Rehabilitation.

Job coaching is support received from someone on the job and job development is assistance received in helping you find a job.

|  |  |  |
| --- | --- | --- |
| 🞎 | YES | **Please answer question 38** |
| 🞎 | NO | **Survey is complete** |

1. How satisfied were you with this job coaching or job development service?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Very Satisfied | Satisfied | Neither Satisfied nor Dissatisfied | Dissatisfied | Very Dissatisfied |
| 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

**Thank you for taking the time to complete this survey.**

**Please use the enclosed postage paid envelope to return**

**the completed survey booklet by**

**ADD DATE**

**to:**

**Market Decisions**

### P.O. Box 1240

**Portland, ME 04104**