

**Survey Questions**

	<b>Yes</b>	<b>No</b>	<b>Don't Know</b>
1. Are you treated with respect by SGVTC Staff? If answer is No explain: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you receive assistance from staff in achieving your outcomes? If answer is No explain: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Effectiveness of your Rehabilitation Counselor in discussing with you the following:			
Your Plans/Goals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your Problems and Concerns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orientation Manual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supported Employment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Was any of the following helpful?			
Case Conference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainee of the Month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer Committee Meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you like the program you are in? If No, Why? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. What do you like about your job? _____			
7. What can we do to help you do your job better? _____			
8. Would you like to try another program? If yes, which one: _____			
9. Is your work area:			
Clean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noisy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is your cafeteria			
Clean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noisy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Is your restroom			
Clean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noisy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Are you aware of the suggestion boxes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Are you informed of the recreational program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you feel you are ready to work in the community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**COMMENTS:** \_\_\_\_\_  
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