

**SAN GABRIEL VALLEY TRAINING CENTER**

**REFERRAL AGENCY SURVEY**

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Please mark the appropriate answer choice. In a question that includes an "other", please feel free to write in the information.

1. Which agency are you associated with?

Department of Rehabilitation  
Regional Center  
Private Rehab agency: specify: \_\_\_\_\_  
Other: specify: \_\_\_\_\_

2. Are you familiar with San Gabriel Valley Training Center (SGVTC)? YES NO

3. Have you ever referred a consumer at SGVTC? YES NO

4. On average, how many consumers do you refer to SGVTC per year?

1-4 \_\_\_\_\_ 5-10 \_\_\_\_\_ 11-15 \_\_\_\_\_ 16+ \_\_\_\_\_

5. Are you satisfied with our services, programs, facilities? YES NO

6. How do you rate SGVTC's training programs?

Computers	1	2	3	4	5
Electronic Technology	1	2	3	4	5
Electronic/VCR	1	2	3	4	5
Environmental Services	1	2	3	4	5
Factory	1	2	3	4	5
Food Service	1	2	3	4	5
Job Development (placement):	1	2	3	4	5
Supported Employment Program:	1	2	3	4	5

7. Are there any training areas that you feel SGVTC could add to improve their programs?

YES NO

If YES, please list any areas. \_\_\_\_\_

8. Please list any other comments you have about SGVTC?

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