



COMMUNITY EMPLOYMENT SURVEY

Name: \_\_\_\_\_ Date: \_\_\_\_\_

We would like you to take a few minutes and provide us with feedback regarding services at Paladin, Inc. This information helps us learn about what services are helpful to you and what needs to be developed and/or improved in our system. Please complete this form and return it to the Human Resource Manager. Thank you!

Person completing this survey:

Participant

Participant with Assistance

Parent/Caregiver

**FEEDBACK ON AGENCY SERVICES**

**YES**

**NO**

**SOME  
TIMES**

- 1. Are you generally satisfied with the services received at Paladin, Inc?  YES  NO  SOME TIMES
- 2. Job coach did a good job helping me to learn and keep my job.  YES  NO  SOME TIMES
- 3. Job coach is there when I need him/her.  YES  NO  SOME TIMES
- 4. Job coach does what he/she says he/she will do.  YES  NO  SOME TIMES
- 5. Job coach assists me with problems and/or information I need.  YES  NO  SOME TIMES
- 6. I like my job in the community.  YES  NO  SOME TIMES
- 7. I would recommend working the community to my friends.  YES  NO  SOME TIMES
- 8. What do you like best about Paladin, Inc., Inc.? \_\_\_\_\_  
\_\_\_\_\_
- 9. What do you like least about Paladin, Inc., Inc.? \_\_\_\_\_  
\_\_\_\_\_
- 10. What additional or new services would you like to see available? \_\_\_\_\_  
\_\_\_\_\_
- 11. What could Paladin, Inc. do to improve the services offered? \_\_\_\_\_  
\_\_\_\_\_

**Additional Comments:**

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



**PARTICIPANT STAFF PERFORMANCE SURVEY**

STAFF MEMBER YOU ARE EVALUATING: \_\_\_\_\_

COMPLETED BY \_\_\_\_\_

Your Name

Date Completed

OR \_\_\_\_\_

Assisted by

Title

I do not wish to complete survey at this time. If NO, please place this page in client file.

We would like you to take a few minutes and provide us with feedback regarding your supervisor or other staff member that has contact with you at Paladin. This information helps us in making sure that you are receiving the best possible services we can provide. The results of the survey will be reviewed with your supervisor and/or the staff member being evaluated so that we can better serve your needs. Thank you.

| <b>PERFORMANCE RATING FACTORS</b>   | <b>YES</b>               | <b>NO</b>                | <b>SOMETIMES</b>         |
|---|--------------------------|--------------------------|--------------------------|
| <b><u>SAFETY</u></b><br>My staff follows safety rules when working with me.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b><u>RESPECT</u></b><br>My staff treats me with respect.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b><u>CONCERN</u></b><br>My staff listens to me and is interested in my wants and needs.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b><u>PRIVACY</u></b><br>My staff follows procedures that keeps my information private and does not talk to others about me or in front of other clients. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b><u>OVERALL</u></b><br>I am generally satisfied with my staff.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "NO" or "SOMETIMES" to any of the above, please comment WHY so that we may take steps to improve our services to you.