



COMPUTER (AT Lab) 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

<u>FEEDBACK ON AGENCY SERVICES</u>	<u>YES</u>	<u>NO</u>	<u>SOME TIMES</u>
1. Are you generally satisfied with the services received at Paladin, Inc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have improved my skills/independence by participating in lab activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The staff explained software in a way that was easy for me to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The staff was knowledgeable about technology.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My input was sought in planning my individual program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I receive(d) enough time in the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I enjoy(ed) my participation in the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am satisfied with my training and experience in the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

PERFORMANCE RATING FACTORS	YES	NO	SOMETIMES
<u>SAFETY</u> My staff follows safety rules when working with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>RESPECT</u> My staff treats me with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>CONCERN</u> My staff listens to me and is interested in my wants and needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>PRIVACY</u> 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"/>
<u>OVERALL</u> 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.