



PARTICIPANT SATISFACTION EXIT SURVEY

Participant: _____ Date of Termination: _____

Please complete the following survey and return it in the self-addressed, stamped envelope to the Human Resource Manager, c/o Paladin, Inc., 4315 E Michigan Blvd., MC, IN 46360. Thank you for taking the time to provide us your opinion on our services.

- 1. Were you generally satisfied with the services received at Paladin, Inc.
2. Was there adequate time available with my case manager to discuss my problems?
3. Did your case manager do a good job in helping you with the things you needed to learn or obtain in the community?
4. Was there enough work available in Pre-Voc. area?
5. Was there an adequate variety of jobs available?
6. Was the Pre-vocational area able to provide a comfortable environment to work and/or learn?
7. Do you feel Paladin Inc. has made accommodations to allow you access throughout the building?
8. I believe I was given adequate opportunity to participate in my program plan and/or issues that affected my future.
9. I believe Paladin, Inc. should continue to find jobs and opportunities for persons with disabilities in the community.
10. I believe Paladin, Inc. helped me achieve the services and resources I needed to obtain my goals.
11. I would like to see Paladin, Inc., Inc. improve its services by:
12. How would your experiences at Paladin, Inc., Inc. have been better?
13. Is there anything that you were not satisfied with at Paladin, Inc., Inc.?
14. During your discharge planning, we discussed the need for.

YES NO SOME TIMES

Have you obtained these services [] Yes [] No

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.



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