



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.

- |   | <u>YES</u>               | <u>NO</u>                | <u>SOME<br/>TIMES</u>    |
|---|--------------------------|--------------------------|--------------------------|
| 1. Were you generally satisfied with the services received at Paladin, Inc.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Was there adequate time available with my case manager to discuss my problems?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did your case manager do a good job in helping you with the things you needed to learn or obtain in the community?     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Was there enough work available in Pre-Voc. area?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Was there an adequate variety of jobs available?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Was the Pre-vocational area able to provide a comfortable environment to work and/or learn?                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you feel Paladin Inc. has made accommodations to allow you access throughout the building?                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I believe I was given adequate opportunity to participate in my program plan and/or issues that affected my future.    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. I believe Paladin, Inc. should continue to find jobs and opportunities for persons with disabilities in the community. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. I believe Paladin, Inc. helped me achieve the services and resources I needed to obtain my goals.                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. I would like to see Paladin, Inc., Inc. improve its services by: _____<br>_____                                       |                          |                          |                          |
| 12. How would your experiences at Paladin, Inc., Inc. have been better? _____<br>_____                                    |                          |                          |                          |
| 13. Is there anything that you were not satisfied with at Paladin, Inc., Inc.? _____<br>_____                             |                          |                          |                          |
| 14. During your discharge planning, we discussed the need for. _____<br>_____   |                          |                          |                          |

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
<b><u>SAFETY</u></b> My staff follows safety rules when working with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>RESPECT</u></b> My staff treats me with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>CONCERN</u></b> 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> 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> 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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