



## Participant Satisfaction Follow-Up Survey

Participant: \_\_\_\_\_ Date of Termination: \_\_\_\_\_

**PLEASE ANSWER EACH QUESTION YES OR NO IN SECTION "A". FEEL FREE TO ADD COMMENTS ON ANY OF THE QUESTIONS:**

- 1) Staff talk to people that receive services from Paladin, Inc. like they talk to other adults.  
Yes \_\_\_No\_\_\_
- 2) There was adequate time available with my case manager to discuss my problems.  
Yes \_\_\_No\_\_\_
- 3) My case manager did a good job helping me with the things I needed to learn or obtain in the community  
Yes \_\_\_No\_\_\_
- 4) There was an adequate variety of curriculum activities.  
Yes \_\_\_No\_\_\_
- 5) The facility provided a comfortable environment in which to work and/or learn.  
Yes \_\_\_No\_\_\_
- 6) Overall, I was satisfied with the services I received at Paladin.  
Yes \_\_\_No\_\_\_
- 7) I believe I was given adequate opportunity to participate in my program plan and/or issues that impacted my future.  
Yes \_\_\_No\_\_\_
- 8) I believe Paladin should continue to find jobs and opportunities for persons with disabilities in the community.  
Yes \_\_\_No\_\_\_
- 9) I believe Paladin, helped me to achieve the services and resources I needed to obtain my goals.  
Yes \_\_\_No\_\_\_



10) I would like to see Paladin improve its services by:

11) My experiences at Paladin would have been better if:

12) I was not satisfied with while at Paladin:

13) During your discharge planning we discussed the need for:

14) Have you obtained these services?

Yes \_\_\_ No \_\_\_

Other comments you would like to make regarding your experiences at Paladin:

**PLEASE RETURN SURVEY IN THE SELF-ADDRESSED, STAMPED ENVELOPE TO  
PALADIN. THANK YOU FOR TAKING TIME TO PROVIDE US YOUR OPINIONS  
ON OUR SERVICES.**