**How Is DOR Doing? Your Feedback Will Help Us Improve.**

**Introductory Questions**

**What is your age? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What city do you live in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What is your ethnicity?**

**ð** Hispanic or Latinx

**ð** Not Hispanic or Latinx

**What is your race (You may select all that apply)?**

**ð** White or Caucasian

**ð** Black or African American

**ð** Asian or Asian American

**ð** American Indian or Alaskan Native

**ð** Native Hawaiian or other Pacific Islander

**ð** Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check the disability type(s) that apply to you:**

**ð** Blind/Visually Impaired

**ð** Cognitive Impairment

**ð** Deaf/Hard of Hearing

**ð** Intellectual/Developmental Disability

**ð** Learning Disability

**ð** Physical Disability

**ð** Psychiatric Disability

**ð** Traumatic Brain Injury

**ð** Other (please specify)  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1. Overall, I am satisfied with my experience at DOR.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Not at all satisfied  1 | 2 | 3 | 4 | 5 | 6 | Extremely satisfied  7 | Not applicable |
| **ð** | **ð** | **ð** | **ð** | **ð** | **ð** | **ð** | **ð** |

**The following questions ask about your DOR Counselor:**

**2. My counselor understands my disability, skills, and abilities.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Not at all satisfied  1 | 2 | 3 | 4 | 5 | 6 | Extremely satisfied  7 | Not applicable |
| **ð** | **ð** | **ð** | **ð** | **ð** | **ð** | **ð** | **ð** |

**3.** **My counselor provided me with guidance and information to help me better understand my disability, skills, and abilities.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Not at all satisfied  1 | 2 | 3 | 4 | 5 | 6 | Extremely satisfied  7 | Not applicable |
| **ð** | **ð** | **ð** | **ð** | **ð** | **ð** | **ð** | **ð** |

**4. My counselor provided me guidance and information that helped me understand the jobs in my area and how to get hired by businesses.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Not at all satisfied  1 | 2 | 3 | 4 | 5 | 6 | Extremely satisfied  7 | Not applicable |
| **ð** | **ð** | **ð** | **ð** | **ð** | **ð** | **ð** | **ð** |

**5. My counselor treats me with courtesy and respect**.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Not at all satisfied  1 | 2 | 3 | 4 | 5 | 6 | Extremely satisfied  7 | Not applicable |
| **ð** | **ð** | **ð** | **ð** | **ð** | **ð** | **ð** | **ð** |

**6. My counselor responds timely to my questions and requests.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Not at all satisfied  1 | 2 | 3 | 4 | 5 | 6 | Extremely satisfied  7 | Not applicable |
| **ð** | **ð** | **ð** | **ð** | **ð** | **ð** | **ð** | **ð** |

**The following questions ask about your service provider(s).**

Service providers include job coaches, community rehabilitation programs, schools, etc.

**7. Overall, I am satisfied with my service providers.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Not at all satisfied  1 | 2 | 3 | 4 | 5 | 6 | Extremely satisfied  7 | Not applicable |
| **ð** | **ð** | **ð** | **ð** | **ð** | **ð** | **ð** | **ð** |

**8. My service providers understand my disability, skills, and abilities.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Not at all satisfied  1 | 2 | 3 | 4 | 5 | 6 | Extremely satisfied  7 | Not applicable |
| **ð** | **ð** | **ð** | **ð** | **ð** | **ð** | **ð** | **ð** |

**9. My service providers treat me with courtesy and respect.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Not at all satisfied  1 | 2 | 3 | 4 | 5 | 6 | Extremely satisfied  7 | Not applicable |
| **ð** | **ð** | **ð** | **ð** | **ð** | **ð** | **ð** | **ð** |

**10. My service providers respond promptly to my needs.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Not at all satisfied  1 | 2 | 3 | 4 | 5 | 6 | Extremely satisfied  7 | Not applicable |
| **ð** | **ð** | **ð** | **ð** | **ð** | **ð** | **ð** | **ð** |

**The following questions ask about employment services and your employment goals.**

**11. I am very involved in setting my employment goals with my DOR Counselor.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Not at all satisfied  1 | 2 | 3 | 4 | 5 | 6 | Extremely satisfied  7 | Not applicable |
| **ð** | **ð** | **ð** | **ð** | **ð** | **ð** | **ð** | **ð** |

**12. I am comfortable telling my DOR Counselor when we disagree about my employment goals.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Not at all satisfied  1 | 2 | 3 | 4 | 5 | 6 | Extremely satisfied  7 | Not applicable |
| **ð** | **ð** | **ð** | **ð** | **ð** | **ð** | **ð** | **ð** |

**13. My DOR team connects me to the right agencies and service providers for my needs.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Not at all satisfied  1 | 2 | 3 | 4 | 5 | 6 | Extremely satisfied  7 | Not applicable |
| **ð** | **ð** | **ð** | **ð** | **ð** | **ð** | **ð** | **ð** |

**14. I understand and am comfortable with the process for appealing a DOR decision that I disagreed with.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Not at all satisfied  1 | 2 | 3 | 4 | 5 | 6 | Extremely satisfied  7 | Not applicable |
| **ð** | **ð** | **ð** | **ð** | **ð** | **ð** | **ð** | **ð** |

**If you are currently employed after receiving services from DOR, please answer the statements below:**

**15. I am satisfied with the type of work I do at my job.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Not at all satisfied  1 | 2 | 3 | 4 | 5 | 6 | Extremely satisfied  7 | Not applicable |
| **ð** | **ð** | **ð** | **ð** | **ð** | **ð** | **ð** | **ð** |

**16. I am satisfied with the wages and benefits I receive from my job.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Not at all satisfied  1 | 2 | 3 | 4 | 5 | 6 | Extremely satisfied  7 | Not applicable |
| **ð** | **ð** | **ð** | **ð** | **ð** | **ð** | **ð** | **ð** |

**17. My job is consistent with my employment plan.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Not at all satisfied  1 | 2 | 3 | 4 | 5 | 6 | Extremely satisfied  7 | Not applicable |
| **ð** | **ð** | **ð** | **ð** | **ð** | **ð** | **ð** | **ð** |

**18. My life is more independent because of DOR services.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Not at all satisfied  1 | 2 | 3 | 4 | 5 | 6 | Extremely satisfied  7 | Not applicable |
| **ð** | **ð** | **ð** | **ð** | **ð** | **ð** | **ð** | **ð** |

**If you are not employed, please answer the statements below.**

**19. DOR services have improved my chance to find a job.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Not at all satisfied  1 | 2 | 3 | 4 | 5 | 6 | Extremely satisfied  7 | Not applicable |
| **ð** | **ð** | **ð** | **ð** | **ð** | **ð** | **ð** | **ð** |

**20. Check all the reasons below that you are not employed:**

**ð** I am still looking.

**ð** I am a student.

**ð** My disability prevents me from working.

**ð** I do not want to give up my SSI/SSDI benefits.

**ð** There are no jobs available to me that are consistent with my DOR employment plan.

**ð** DOR did not assist me in finding a job.

**ð** I have family issues such as daycare or caring for relative.

**ð** Lack of transportation or no transportation.

**ð** I need additional help to find a job.

**ð** No jobs are available that I want.

**ð** I am not ready to start working.

**All respondents:**

**21**. **Please tell us if there is anything DOR or its service providers can do to improve services.**

**22. If you would like to speak directly with DOR about your experiences, provide your contact information below:**

**\*End of Survey\***