

Los Angeles County Workforce Investment Board Youth Programs Questionnaire

Date: _____

Client Case Number: _____
Agency: _____

Circle the score that best describes your level of satisfaction.
1 = poor 10 = outstanding

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|----|--|---|---|---|---|---|---|---|---|---|----|
| 1. | The facility was welcoming and comfortable. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 2. | It was easy to find my way around the facility. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 3. | I was treated with respect from the staff at the facility. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 4. | I was given accurate information. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 5. | Staff assisted me in getting the services I needed. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 6. | Overall, I was satisfied with the services I received. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 7. | Considering all of the expectations you may have had about our services, to what extent have the services met your expectations. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 8. | Now think of the ideal program for other people that are in the same situation as you. How well do you think the services that you received compare with the ideal set of services? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 9. | Would you recommend the services you received to a friend? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

How did you hear about the services that we offer? _____

Comments: _____

Do you have any suggestions to improve the services you received? _____

