

## ProWorks Satisfaction Evaluation

We would like to know how you feel about the services that we provide to you so we can make sure that we are meeting your needs. Your responses will assist us in improving the services we provide. Your responses will be kept confidential and anonymous.

### Overall satisfaction with program:

1. Are you satisfied with the service delivery provided by this program?  Yes  No
2. Are you satisfied with the progress you are making towards accomplishing your goals?  Yes  No
3. Do you feel this program provides you opportunity functional and age appropriate skill development?  Yes  No
4. Do you feel that you have opportunities to make decisions?  Yes  No
5. Do you feel that this program respects your history, dignity and cultural background?  Yes  No
6. Do you feel that your privacy is respected?  Yes  No
7. Are you satisfied that we are ensuring that your rights are respected and protected?  Yes  No
8. Do you believe your rights have been restricted?  Yes  No
  - If you believe your rights have been restricted; have your rights been restored?  Yes  No  
Date your Rights were restored:
  - If your rights have not been restored is there a plan for restoration? Are you satisfied that we are ensuring that your rights are respected and protected?  Yes  No

### Overall satisfaction with program staff:

1. Would you agree that staff members treat you with respect?  Yes  No
2. Do you believe that staff members have the knowledge and skills to meet your needs?  Yes  No
3. Do you believe that staff members pay attention to details that are important to you?  Yes  No
4. Do you believe that the staff spends enough time with you?  Yes  No
5. Do you believe staffs are friendly and helpful to you?  Yes  No
6. Do you believe that you are able to give feedback to staff members?  Yes  No

Please add any additional comments and concerns that you believe will be helpful for us to know about the services we provide you.