

# Endeppendence Center, Incorporated

## Participant Satisfaction Survey 2011

TO BE FILLED OUT BY ENDEPPENDENCE CENTER ACTIVE PARTICIPANTS ONLY

- SURVEY ANSWERS WILL BE CONFIDENTIAL
- PURPOSE OF THE SURVEY IS TO GATHER INFORMATION ABOUT YOUR EXPERIENCE AT THE ENDEPPENDENCE CENTER
- YOU CAN COMPLETE THE SURVEY WHILE YOU ARE AT ECI, SEND IT IN THROUGH THE MAIL OR DOWNLOAD THE SURVEY FROM THE ECI WEBSITE AT [WWW.ENDEPPENDENCE.ORG](http://WWW.ENDEPPENDENCE.ORG)
- IF YOU NEED HELP FILLING OUT THE SURVEY OR WOULD LIKE THE SURVEY IN BRAILLE OR LARGE PRINT, CALL ECI AT 461-8007 EXT. 329 AND SOMEONE FROM THE CONSUMER ADVISORY COMMITTEE CAN ASSIST YOU.

### CIRCLE, UNDERLINE OR MARK YOUR ANSWER

1. How long you have you received services at ECI?            0-5 years            5-10 years            more than 10 years

2. What best describes your disability? **Please choose one answer**

More than one disability

Hearing disability

Visual disability

Mobility disability (use cane, wheelchair, walker, or have trouble walking)

Cognitive disability (learning disability, brain injury, intellectual disability)

Other \_\_\_\_\_

3. Quality of Services:

How would you rate the quality of services you received?            Excellent            Helpful            Poor

How well did staff help you work on your goals?            Excellent            Helpful            Poor

How well did the services we are providing help you in reaching your goals?            Excellent            Helpful            Poor

Level that you were treated with respect by staff            Excellent            Good            Poor

4. Please rate **ONLY** services listed below **THAT YOU RECEIVED** as Excellent, Average or Poor:

Information and Referral	Excellent	Average	Poor
Peer Mentoring	Excellent	Average	Poor
Housing Information and/or Assistance	Excellent	Average	Poor
Advocacy	Excellent	Average	Poor
Independent Living Skills Training	Excellent	Average	Poor
Workshops	Excellent	Average	Poor
Support Groups	Excellent	Average	Poor
Social Security Work Incentives	Excellent	Average	Poor
Services for Deaf and Hard of Hearing	Excellent	Average	Poor
Medicaid Services	Excellent	Average	Poor
Employment Placement/Supports	Excellent	Average	Poor

-OVER-

5. Which you used: **Circle or underline**    ECI Website    ECI Facebook Page    ECI Newsletter  
Were these helpful to you?            Yes        No        Yes        No        Yes        No

Do you have comments about services or services that you would like for ECI to provide?

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Additional Comments:

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THANK YOU!

Name **OPTIONAL** \_\_\_\_\_

Address **OPTIONAL** \_\_\_\_\_