

Section 8 / Part 4

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Assessment Consumer Follow-up

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CONSUMER ASSESSMENT FOLLOW UP <local CDC>
KANSAS REHABILITATION SERVICES
CAREER DEVELOPMENT CENTERS <staff initials optional>

We are very interested in your comments. As you think about your assessment and the time you spent with your evaluator, please complete this form so we can collect information about our program. Any suggestions on how we can improve our services will be welcomed and appreciated.

Your Name: (optional) _____

1) The assessment results were helpful to make some decisions about work options.

	YES	NO
Comments or Suggestions:		

2) I learned about myself as it relates to job options.

	YES	NO
Comments or Suggestions:		

3) Options were explained to me in a way that I understand.

	YES	NO
Comments or Suggestions:		

4) Overall, I was generally satisfied with the assessment services.

	YES	NO
Comments or Suggestions:		

Please mail to **Terri Mattison**
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Salina, KS 67401

or FAX to **785-827-4199**

or e-mail feedback to stlm@srskansas.org