

Section 8 / Part 6
Effective Date: May 1, 2005
Length of document: 1 page

Assessment Referral Follow-up

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

We are very interested in your comments. As you review the report, 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: _____ **Consumer Name:** _____

1) The assessment results were helpful to make some decisions about work options or to develop a vocational plan.

YES NO

Comments or Suggestions:

2) I felt I was informed throughout the assessment.

YES NO

Comments or Suggestions:

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

YES NO

Comments or Suggestions:

4) The assessment answered my questions.

YES NO

Comments or Suggestions:

Please mail to **Terri Mattison**
 Career Development Center
 901 Westchester
 Salina, KS 67401

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

or e-mail feedback to stlm@srskansas.org