

SEMCIL INDEPENDENT LIVING CONSUMER SURVEY
Vocational Rehabilitation Services / Independent Living Collaboration Project



Name: (optional)

VRS Office Location:

Rochester Faribault Winona

Date:

For each question below, check the box that most closely describes your feelings about the IL services and/or training you received. This information will be used to identify needs and improve the IL services we provide to Vocational Rehabilitation consumers.

Questions	Quality of IL Service / Training
1. Overall, I was satisfied with the IL services and/or training I received.	<input type="checkbox"/> Disagree <input type="checkbox"/> Not Applicable <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
2. The IL services/training improved my ability to get and keep a job.	<input type="checkbox"/> Disagree <input type="checkbox"/> Not Applicable <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
3. The IL services I received helped me better understand my disability and how it may affect my day to day living.	<input type="checkbox"/> Disagree <input type="checkbox"/> Not Applicable <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
4. The IL services/training I received improved my awareness of resources in my community.	<input type="checkbox"/> Disagree <input type="checkbox"/> Not Applicable <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
5. Materials given to me were in an accessible/usable format.	<input type="checkbox"/> Disagree <input type="checkbox"/> Not Applicable <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
6. I felt supported by the IL staff person I worked with.	<input type="checkbox"/> Disagree <input type="checkbox"/> Not Applicable <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
7. IL Staff was knowledgeable about the resources needed to assist me in reaching my goals.	<input type="checkbox"/> Disagree <input type="checkbox"/> Not Applicable <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
8. The IL staff provided services that will help me live independently.	<input type="checkbox"/> Disagree <input type="checkbox"/> Not Applicable <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
9. I would recommend SEMCIL services to other people.	<input type="checkbox"/> Disagree <input type="checkbox"/> Not Applicable <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree

What did you learn that will help you live independently?

How would you improve the IL services/training you received?