



## SEMCIL INDEPENDENT LIVING CONSUMER SURVEY

*“Supporting people with disabilities to become self-directed and valued community members”*

<b>Name:</b> (optional)		<b>Date:</b>	
<b>County:</b>			

Improving the quality of services we provide depends on YOUR feedback. Please take a moment to tell us what you think about the services you received, whether positive or negative. You can complete this form on-line at [www.semcil.org](http://www.semcil.org) or complete it by hand and mail it to Attn: IL 2200 2<sup>nd</sup> St SW Rochester, MN 55902.

Our records indicate you received the following services:

Advocacy	Transition Services
Access	Nursing Home Relocation
Peer Support	Health and Wellness
General IL/IL Skills	Other

QUESTIONS	QUALITY OF IL SERVICE/TRAINING			
How would you rate the quality of service(s) you received?	Excellent	Very Good	Good	Poor
The IL services I received helped me better understand my disability and how it may affect my day to day living.	Strongly Agree	Agree	Disagree	Strongly Disagree
Have the services you received helped you to achieve your desired goal(s)?	Yes, they helped a great deal	Yes, they helped somewhat	No, they didn't really help	
The IL staff person I worked with was responsive to my needs.	Strongly Agree	Agree	Disagree	Strongly Disagree
The IL services received helped improve my ability to advocate for myself.	Helped a great deal	Helped somewhat	Didn't help	
The IL services received improved my awareness of community resources	Yes, the services improved my awareness		No, the services did not improve my awareness	
If a friend were in need of similar help, would you recommend our program services to him or her?	Definitely	Generally	Not at all	
<b>What did you learn that will help you live independently?</b>				
<b>How would you improve the IL services/training you received?</b>				