

Placement Survey

Date:

Please take some time to complete the following survey. The information you provide will be used to evaluate and improve the overall experience at Workforce Connection.

After reading the statement, please check either you "Agree" or "Disagree". If the statement does not apply to you, please check "N/A".

When you have completed the survey, please place it in the collection box in the lobby or give it to a staff member.

The assessments I took helped me identify my potential career goal.	N/A 🗌	Agree 🗌	Disagree 🗌
The services that staff provided me were beneficial to prepare for and secure this job.	N/A 🗌	Agree 🗌	Disagree 🗌
The job referrals provided were appropriate for my career path.	N/A 🗌	Agree 🗌	Disagree 🗌
Staff was courteous and knowledgeable.	N/A 🗌	Agree 🗌	Disagree 🗌
I would recommend Workforce Connection to others.		Agree 🗌	Disagree 🗌

Provide details for any "disagree" response:

Participant State ID#: _____

Fresno Regional Workforce Development Board

Form#: QUA-034, revised 041422

This WIOA, Title I-financially assisted program/service is an equal opportunity employer/program.

Auxiliary aids and services are available upon request to people with disabilities and/or limited English proficiency.