



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 <input type="checkbox"/> | Agree <input type="checkbox"/> | Disagree <input type="checkbox"/> |
| The services that staff provided me were beneficial to prepare for and secure this job. | N/A <input type="checkbox"/> | Agree <input type="checkbox"/> | Disagree <input type="checkbox"/> |
| The job referrals provided were appropriate for my career path. | N/A <input type="checkbox"/> | Agree <input type="checkbox"/> | Disagree <input type="checkbox"/> |
| Staff was courteous and knowledgeable. | N/A <input type="checkbox"/> | Agree <input type="checkbox"/> | Disagree <input type="checkbox"/> |
| I would recommend Workforce Connection to others. | | Agree <input type="checkbox"/> | Disagree <input type="checkbox"/> |

Provide details for any “disagree” response:

Participant State ID#: _____