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| **GUARDIAN SATISFACTION SURVEY 2020 - EMPLOYMENT** |
| This company is committed to providing excellent services to all persons supported. It is important to us to provide each person with person-centered, safe, and effective services! We will continue to do this to the best of our ability, but we would appreciate your feedback on your level of satisfaction with the company and our services. Also, please let us know if there are ways we can improve our services! Please return this survey in the self-addressed stamped envelope or by sending us an email. **2 survey returned**Thank you for taking the time to complete this survey!

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|  | **Excellent** |  **Good** |  **Fair** | **Poor** |
| **Services** |  |  |  |  |
| Services are person-centered and are driven by the person and their support team. |  | 2 |  |  |
| Services uphold what is important to the person and what is important for the person. | 1 | 1 |  |  |
| The person’s rights are affirmed, protected, and exercised by the person, the company, and all staff. |  | 2 |  |  |
| Any preferences the person has related to their supports are being provided by the company. |  | 2 |  |  |
| The person’s desired outcomes are being accomplished and progress is clearly being made. |  | 2 |  |  |
| How satisfied are you with the opportunities the person has to increase self-sufficiency, community inclusion, and skill development? |  | 2 |  |  |
| How satisfied are you with services and service delivery provided to this person? |  | 2 |  |  |
| **Staff** |  |  |  |  |
| Staff are trained and competent to perform their job duties. |  | 2 |  |  |
| Staff interact in a positive, respectful manner which upholds the person’s history, dignity, and cultural background. |  | 2 |  |  |
| I feel comfortable bringing questions or concerns to the attention of the company’s management and know they will follow through on addressing any issue. |  | 2 |  |  |

Please add any comments regarding how we are delivering services and supports to this person based upon their preferences:Additional comments you would like to share:Name (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |