OMB Control No. 0960-0526

Expiration Date: August 2012

**In-person Work Incentives Seminar Event (WISE) Evaluation for Beneficiaries and Community Partners**

Thank you for attending today’s WISE; we hope you found the information helpful! Please let us know how we can improve WISE so we can offer the best possible support to people with disabilities who want to go to work.

I am a:

|  |  |
| --- | --- |
| * Beneficiary | * Community Partner |
| * Family member | * Other (Please specify)   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please choose the answer or number that best describes your WISE experience.

1. How did you hear about today’s WISE presentation? (Check all that apply)

|  |  |  |
| --- | --- | --- |
| * Postcard | * E-mail | * Facebook |
| * Listserv | * Twitter | * Flyer |
| * Friend/Family | * Colleague | * WIPA |
| * Protection and Advocacy Agency |  |  |
| * Website (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| * Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

2. What did you hope to learn about at today’s WISE? (Check all that apply)

|  |  |  |
| --- | --- | --- |
| * Ticket to Work | * Work Incentives for SSI | * Work Incentives for SSDI |
| * Employment Networks | * Vocational Rehabilitation Agency | * Legal Protection and Advocacy * Other (Please specify)   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

For each of the following questions, please indicate how much you agree or disagree with the following statements.

As a result of this WISE event:

1 = Strongly Disagree 5 = Strongly Agree

3. I know more about Ticket to Work 1 2 3 4 5 N/A

4. I know more about Work Incentives 1 2 3 4 5 N/A

5. I know how to get more information on Ticket to Work 1 2 3 4 5 N/A

6. I know how to get more information on Work Incentives 1 2 3 4 5 N/A

7. I plan to attend another WISE 1 2 3 4 5 N/A

8. I plan to contact an Employment Network 1 2 3 4 5 N/A

9. I plan to contact a WIPA 1 2 3 4 5 N/A

10. I plan to contact a Vocational Rehabilitation Agency 1 2 3 4 5 N/A

11. I would recommend a WISE to others 1 2 3 4 5 N/A

- continued -

For each of the following questions, please indicate how much you agree or disagree with the following statements.

1 = Strongly Disagree 5 = Strongly Agree

12. The presenters were organized and easy to understand 1 2 3 4 5 N/A

13. The question and answer session was helpful 1 2 3 4 5 N/A

14. Today’s WISE location was easy to find 1 2 3 4 5 N/A

15. My request for an accommodation including interpreting materials in an alternate format or language or an assistive aid was/were met 1 2 3 4 5 N/A

16. I have attended a WISE in the past/this is not my first WISE

|  |
| --- |
| * Yes |
| * No |

17. How did you register for WISE? Check one and rate your registration experience (1=Poor; 5 = Excellent)

* Online 1 2 3 4 5 N/A
* By phone 1 2 3 4 5 N/A

What suggestions do you have for improving the WISE presentation?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Paperwork Reduction Act Statement

**Paperwork Reduction Act Statement** – This information collection meets the requirements of 44 U.S.C. §3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about **5 minutes** to complete this survey. You may send comments on our time estimate above: *SSA, 6401 Security Blvd., Baltimore, MD 21235-6401.* **Send only comments relating to our time estimate to this address.**

OMB Control No. 0960-0526

Expiration Date: August 2012

**In-person Work Incentives Seminar Event (WISE) Evaluation for Employment Networks**

Thank you for attending today’s WISE; we hope you found the information helpful! Please let us know how we can improve WISE so we can offer the best possible support to people with disabilities go to work.

Please choose the answer or number that best describes your WISE experience.

1. How did you hear about today’s WISE presentation? (Check all that apply)

|  |  |  |
| --- | --- | --- |
| * WIPA | * E-mail | * Facebook |
| * Listserv | * Twitter | * Flyer |
| * Friend/Family | * Colleague | * Protection and Advocacy Agency |
| * MAXIMUS |  |  |
| * Website (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| * Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

1. I have attended a WISE before:

* Yes
* No

If yes, how many? Please fill in the blank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For each of the following questions, please indicate how much you agree or disagree with the following statements.

1 = Strongly Disagree 5 = Strongly Agree

3. Today’s WISE was a valuable experience 1 2 3 4 5 N/A

4. Today’s WISE allowed me to meet prospective clients 1 2 3 4 5 N/A

5. The question and answer session was helpful 1 2 3 4 5 N/A

6. I plan to attend another WISE 1 2 3 4 5 N/A

7. Today’s WISE location was easy to find 1 2 3 4 5 N/A

8. My request(s) for assistive aids and services was met 1 2 3 4 5 N/A

9. How did you register for WISE?

* Online
* By phone
* By email
* Other (Please Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* N/A

10. How would you rate your registration experience?

1=Poor 5 = Excellent

* Online 1 2 3 4 5 N/A
* By phone 1 2 3 4 5 N/A
* By email 1 2 3 4 5 N/A

What suggestions do you have for improving the WISE presentation?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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