SCSEP Host Agency Customer Satisfaction Survey

HOST AGENCY CUSTOMERS

The Older Worker Program, also known as the Senior Community Service Employment Program (SCSEP), wants to provide the highest quality services to its customers. You can help improve services by answering the following questions. Please be completely honest. Your answers are strictly confidential. No one in the agency will see your individual responses. Unless directed otherwise, please answer based on your most recent experience with the Older Worker Program.

Choose the number on the scale below each question that best represents your opinion. Thank you in advance for your help.

1. Utilizing the scale of 1 to 10 below, what is your overall satisfaction with the services provided by the Older Worker Program? (Choose one number)

Very dissatisf	fied								Very satisfied	
1	2	3	4	5	6	7	8	9	10	90

2. Considering all of the expectations you may have had about the services of the Older Worker Program, to what extent have the services met your expectations? (Choose one number)

Falls									Exceeds	Didn't
short										receive
1	2	3	4	5	6	7	8	9	10	90

3. Now, think about the ideal services for people in your circumstances. How well do you think the services you received compare with the ideal services? (Choose one number)

Not at all close									Very close	Didn't receive
1	2	3	4	5	6	7	8	9	10	90

4. The Older Worker Program staff gave me all the information I needed to understand the Older Worker Program. (Choose one number)

Strongly disagree									Strongly agree	Not applicable
1	2	3	4	5	6	7	8	9	10	90

5. The Older Worker Program staff made the community service assignment process easy for me to use. (Choose one number)

Strongly disagree 1	2	3	4	5	6	7	8	9	Strongly agree 10	Don't know 90
						Please o	continu	e on o	other sid	le
									(ETA-9124 – Part B (Revised September 2010)

Your responses are confidential, and we appreciate your time and assistance. This voluntary information has been approved by the Office of Management and Budget under OMB approval number 1205-0040. Without this approval, we would not be able to conduct this survey. The time needed to complete the survey is estimated to average ten (10) minutes. If you have any comments regarding this estimate or any other aspect of this survey, including suggestions for reducing this burden; please send them to the U.S. Department of Labor, Division of Adult Services, Room S-4209, 200 Constitution Avenue, NW, Washington, DC 20210. (Please do **not** return surveys to this address.)

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6. The Older Worker Program staff that made the assignment had a good understanding of my business needs. (Choose one number)

Strongly disagree 1	2	3	4	5	6	7	8	9	Strongly agree 10	Don't know 90
		ficient in y agency					ory and e	du	cation of the	participant
Strongly disagree 1	2	3	4	5	6	7	8	9	Strongly agree 10	Don't know 90
8. I had s	sufficie	nt choice	about th	ne partic	ipant as	ssigned	to my ag	gen	cy. (Choose	one number)
Strongly disagree 1	2	3	4	5	6	7	8	9	Strongly agree 10	Don't know 90
9. The pa numbe		nt assigne	ed to my	agency	v had the	e necess	sary com	ipu	ter skills. (C	hoose one
Strongly disagree 1	2	3	4	5	6	7	8	9	Strongly agree 10	Don't know 90
10. The p numb		int assign	ed to my	y agenc	y was a	good m	natch wit	h r	my agency. (Choose one
Strongly disagree 1	2	3	4	5	6	7	8	9	Strongly agree 10	Don't know 90
11. The number		Vorker Pr	ogram s	taff was	s helpfu	l in resc	olving an	ıy p	problems I ha	ad. (Choose one
Strongly disagree 1	2	3	4	5	6	7	8	9	Strongly agree 10	Not applicable 90
			_	_	_					

12. Did any of the older workers assigned to your agency require supportive services, such as assistance with transportation, medical care, or housing, to be successful in their assignments? (Choose one answer)

Yes No (Skip to question #14) Don't know (Skip to question #14)

13. If the answer to question 12 is "Yes," to what extent did the Older Worker Program provide the participants the supportive services they needed? (Choose one number)

1	2	3	4	9
None	Few	Some	Nearly all	Don't know

Please continue on next page

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- 14. Do participants assigned to your agency ever need any kind of additional training other than the on-the-job training that comes with their assignment? (Choose one answer)
 - Yes

□ No (Skip to question #16) □ Don't know (Skip to question #16)

15. If the answer to question 14 is "Yes," does the Older Worker Program provide the needed training? (Choose one number)

1	2	3	4	9
Never provides	Sometimes provides	Often provides	Always provides	Don't know
additional training	additional training	additional training	additional training	

16. The Older Worker Program staff stayed in touch with my agency to make sure the assignment went well. (Choose one number)

Strongly									Strongly	Don't
disagree									agree	know
1	2	3	4	5	6	7	8	9	10	90

17. Did the Older Worker Program ever attempt to remove any participants from your agency before you thought they were ready to leave? (Choose one number)

1	2	3	4	9
Never	Occasionally	Frequently	Nearly always	Don't know

18. How has your participation in the Older Worker Program affected your agency's ability to provide services to the community? (Choose one answer)

1	2	3	4	5	9
Decreased	Somewhat	Neither Decreased	Somewhat	Increased	Don't
Significantly	Decreased	nor Increased	Increased	Significantly	know

19. Would you recommend the services of the Older Worker Program to other agencies? (Choose one number)

Definitel	y]	Definitely	Don't
no									yes	know
1	2	3	4	5	6	7	8	9	10	90

20. For how long have you been a host agency? _____ (years; enter "1" if less than one year)

21. What do you think is most valuable about the Older Worker Program?

22. What part of the Older Worker Program do you think is most in need of improvement?

Thank you for taking the time to complete this survey.