

**SCSEP Participant  
Customer Satisfaction Survey**

OMB Approval Number: 1205-0040

Expiration Date: 04/30/2014

**OLDER WORKER 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 us improve our services by answering the following questions. Please be completely honest. Your answers will be strictly confidential. No one in the agency will see your individual responses.

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 dissatisfied										Very satisfied	Didn't receive
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 short										Exceeds	Didn't 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 told me everything I needed to know about how the program worked. (Choose one number)

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

5. The Older Worker Program staff understood my employment interests and needs. (Choose one number)

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

**Please continue on other side** 

ETA-9124 – Part A  
(Revised August 2009)

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 helped me obtain the supportive services, such as assistance with transportation, housing or medical care, that I needed to meet my employment goals. (Choose one number)

Strongly disagree										Strongly agree	Didn't need any
1	2	3	4	5	6	7	8	9	10	90	

7. Before your community service assignment with your host agency, how much of the training you needed to meet your employment goals did the Older Worker Program give you? (Choose one number)

None of the training										All of the training	Didn't need any
1	2	3	4	5	6	7	8	9	10	90	

8. The Older Worker Program helped me obtain a community service assignment that was just right for me. (Choose one number)

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

9. I understand that I have the right to ask for a different community service assignment if I don't like the one the Older Worker Program gave me. (Choose one number)

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

10. Given your transportation situation, was your community service assignment convenient to where you live? (Choose one answer)

Yes     No     Don't know

11. There is someone in the Older Worker Program I can talk to when I need to. (Choose one number)

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

12. During my community service assignment, my host agency gave me the training I needed to be successful in my assignment. (Choose one number)

Strongly disagree										Strongly agree	Didn't need any
1	2	3	4	5	6	7	8	9	10	90	

**Please continue on next page**

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13. I feel comfortable at my community service assignment. (Choose one number)

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

14. Compared to the time before you started working with the Older Worker Program, would you say your physical health is better, worse, or about the same? (Choose one number)

1	2	3	9
Better	Worse	About the same	Don't know

15. Compared to the time before you started working with the Older Worker Program, how would you rate your outlook on life? (Choose one number)

1	2	3	4	5	9
Much more negative	A little more negative	About the same	A little more positive	Much more positive	Don't know

16. The pay I receive from the Older Worker Program has made a substantial difference in the quality of my life. (Choose one number)

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

17. During my community service assignment, the Older Worker Program pressured me, before I was ready, to leave my community service assignment for unsubsidized employment. (Choose one answer)

Yes     No     Don't know

**If you have an unsubsidized job, answer Questions 18, 19 and 20, and continue with the rest of the survey. If you do not have an unsubsidized job, skip to Question 21.**

18. How much help did Older Worker Program staff give you in finding an unsubsidized job? (Choose one number)

No help										A great deal of help	Don't know
1	2	3	4	5	6	7	8	9	10	90	

19. How much of the skills and training you need for your current job did you gain from your community service assignment? (Choose one number)

None of the skills and training										Nearly all of the skills and training	Don't know
1	2	3	4	5	6	7	8	9	10	90	

Please continue on other side 

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20. Overall, how helpful was your community service assignment(s) in preparing you for success in your current unsubsidized job? (Choose one number)

Not at all helpful										Extremely helpful	Don't know
1	2	3	4	5	6	7	8	9	10	90	

21. Would you recommend the services of the Older Worker Program to other older workers? (Choose one number)

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

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

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

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**Thank you for taking time to complete this survey.**