



## **Vocational Rehabilitation and Employment Servicing Satisfaction**

MARKING INSTRUCTIONS									
Please fill the response oval completely and print clearly.									
and prin	t clearly.								
USE BLACK	<b>USE BLACK OR BLUE INK</b>								
(NO RED) to con	plete the survey.								
CORRECT:	INCORRECT:								
•	<b>% 4</b>								
0 5	10								

OMB Control No. 2900-0782

Throughout the questionnaire, you may be asked to skip certain questions that may not apply to you.

## **Benefit Information** -

l.	How did you FIRST learn about the VR&E benefit programs? (MA IF YOU ARE UNSURE, PLEASE INDICATE THE FIRST WAY YOU REMEMBER LEARNING A		•
	Online (e.g., eBenefits.va.gov, VA website, etc.)		In person on a military installation (Integrated Disability
	Mail (from VA)		Examination System)
	<ul> <li>Veterans Service Organizations (e.g., Amer. Legion, DAV,</li> </ul>		Other Veterans/Servicemembers
	VFW, PVA, MOPH, etc.) (Please specify):		Friends or family
	<ul> <li>In person with a VA representative (e.g., VA medical center,</li> </ul>		Other (Please specify):
	VA Vet Center, Regional Office, TAP/DTAP briefing, etc.)		Don't know or not sure
	<ul> <li>In person on a campus (VetSuccess on Campus)</li> </ul>		
2.	What method(s) do you MOST FREQUENTLY use to obtain general ir	nform	ation about VA's VR&E benefits or services? (MARK ALL THAT APPLY)
	Online (e.g., eBenefits.va.gov, VA website, etc.)		Veterans Service Organizations (e.g., Amer. Legion, DAV,
	Phone		VFW, PVA, MOPH, etc.) (Please specify):
	C E-mail		Friends or family
	<ul> <li>In person with a VA representative (e.g., VA medical center,</li> </ul>		Other Veterans/Servicemembers
	VA Vet Center, Regional Office, etc.)		School
	<ul> <li>In person on a campus (VetSuccess on Campus)</li> </ul>		VR &E Office
	<ul> <li>In person on a military installation (Integrated</li> </ul>		Other (Please specify):
	Disability Examination System)		Don't know or not sure
3.	How frequently would you like to receive communications (e.g.	, e-m	ails, letters, newsletters, etc.) from VA about VR&E
	benefits or services? (MARK ONLY ONE)		
	○ Weekly  ○ Quarterly (every 3 months)  ○	Anr	nually (once per year) — Don't know or not sure
		Nev	ver
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Donofit	Information	(Continued)

4. How would you like to receive information from VA about VR&E benefits or services? (MARK ALL THAT APPLY)													
	<ul> <li>Phone</li> <li>Mail</li> <li>E-mail</li> <li>Online (e.g., eBenefits.va.gov, VA website, etc.)</li> <li>Social media websites (e.g., Facebook, Twitter, etc.)</li> <li>In person with a VA representative (e.g., VA medical center, VA Vet Center, Regional Office, etc.)</li> <li>In person on a campus (VetSuccess on Campus)</li> <li>The following question asks you to rate various aspects of your part of the properties o</li></ul>	our expe	In pers Disabil Veteral VFW, F Other Don't k	on o	a minariore aminariore en amin	ditary ation Orga H, et cify):	insta Syste unizat cc.) (F	ullation em) iions (	(e.g.,	Ame	r. Le		
_	using a scale of 1 to 10, where 1 is <u>Unacceptable</u> , 10 is <u>Outstar</u>	_			_					in a	hto!m	l	
5.	When thinking about your most frequently used methods of co information about your VR&E benefit on the following items: (M			•	ise ra	ite yo	our e	xperi	ence	in o	otain	ing	
	, ,		naccep			A	verag	<u>je</u>			Out	stand	ding
			1	2	3	4	5	6	7	8	9	10	N/A
	a. Ease of accessing information		1	2	3	4	5	6	7	8	9	10	NA
	b. Availability of information		1	2	3	4	5	6	7	8	9	10	NA
	c. Clarity of information		1	2	3	4	5	6	7	8	9	10	NA
	d. Usefulness of information		1	2	3	4	5	6	7	8	9	10	NA
	e. Frequency of information provided by VA		1	2	3	4	5	6	7	8	9	10	NA
	f. Overall rating of information		1	2	3	4	5	6	7	8	9	10	
6. 7. 8.	Does/did your rehabilitation plan include an education or traini  Yes No (SKIP TO 09) Don't know or not sure (s  Did you have the same counselor throughout your entire exper  Yes No Don't know or not sure  Were you given a time frame from VA for completing the educa  Yes No Don't know or not sure  How many times in the past 6 months has a counseling appoin	rience  Nation/tr	9) with VF lot applic aining p	R&E? cable ohase	(MARK	ONLY (	ehab						
٥.	now many times in the past o months has a counseling appoin		. Decir c	ance	iicu (	JI 100	ociice	auicu	Бу у	oui (	Journ	30101	•
	Never been cancelled or rescheduled (skip το α11)	# of Ti	imes			Do	n't kr	now c	r not	sure	(SKIP T	o q11)	)
	IF YOUR COUNSELING APPOINTMENT HAS BEEN CANCELLED OR RESCHEDULED BY YOUR C	OUNSELO	OR 1 OR M	ORE TIN	MES, PL	EASE A	NSWE	R Q10.	OTHER	WISE,	PLEASE	SKIP	то Q11.
10.	If your counseling appointment was cancelled or rescheduled without having to ask? (MARK ONLY ONE)	at leas	st once,	were	you	sche	dule	d for	a ne	w ap	point	men	t
11.	Which of the following types of counseling or referrals has you	ır cou	nselor p	rovio	ded?	(MARK	ALL TH	IAT APP	LY)				
	Education/training enrollment assistance     Re	ferrals	to empl	oyme	nt ag	encie	s or j	job ba	anks				
	_		to health						denta	l, opti	cal)		
	·		to other			•	•						
	Ğ		to Vetera	ans S	ervice	e Org	aniza	tions	(e.g.,	Ame	rican	Legio	on)
	3		e above										
	<ul> <li>Referrals to potential employers (e.g., government, private, etc</li> </ul>	c.)											
12.	Did you utilize tele-counseling to speak to your counselor? (MAI			lea -			= 11 a la la l	- /					
	Yes Don't know what tele-counsel	•	or alan't	KNOW	V IT Wa	as av	allabl	e (ski	P TO Q	14)			
	○ No (skip to Q14) ○ Don't know or not sure (skip to	o Q14)											



<del>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</del>	

Benefit Entitlement (Cont	inued) ———												
Please tell us how you feel about the counselor." Would you say you would			ounsel	ing v	as a	n effe	ective	e way	/ to s	peak	c to n	ny	
<u>Stron</u> Disag		<u>Neutral</u>	Agr	<u>ee</u>		rongl Agree	-						
1	2	3	4	)		5							
The following question asks you to r (VR&E), using a scale of 1 to 10 when PLEASE ANSWER THE FOLLOWING QUESTION BA	re is 1 is <u>Unacceptab</u>	ole, 10 is Outs	tandin	g, an	d 5 i	s <u>Ave</u>	rage					oloyn	ner
Please rate your experience with VR8	&E counselors on the	_			LY ON	E PER R	ow)						
		<u>Un</u>	accept	<u>able</u>	3	A۱	<u>erag</u>	<u>e</u> 6	7	8	Outs	stano 10	ding N/A
5						4	_		<i>'</i>		9		
a. Promptness of scheduling appointr	ments or returning call	S	1	2	3	4	<b>5</b>	6	7	8	9	10	(NA
<b>b.</b> Courtesy of the counselor			1	2	3	4	<b>5</b>	6	7	8	9	10	(NA
c. Knowledge of the counselor	lo.		1	2	3	4	<b>5</b>	6	7	8	9	10	(NA
<ul><li>d. Counselor's concern for your need</li><li>e. Timeliness of completing your initia</li></ul>			① ①	<ul><li>2</li><li>2</li></ul>	<ul><li>3</li><li>3</li></ul>	4	<b>5</b>	6	7	8	9	10	(NA
f. Overall counselor experience	ai CvaluatioH		① ①	2	3	4	<u>5</u>	6	7	8	9	(10)	(NA)
Why did you give your overall experience			•	ت	<u> </u>	•	•	w	•	•	٠	ري	
Which of the following benefits did y	ou or will you receiv	e as part of y	our re	habili	tatio	n pla	n? (м	ARK AL	L THAT	APPLY	·)		
Tuition Subsistence allowance Books/supplies Computer equipment/software Which of the following types of emplo Resume preparation Interview skills	Health services (e.g.) Tutoring Independent living s  byment services did/w  Job hunting str  Information inter	i., medical, de services vill you receive rategies erview with po	ntal, op	otical)	_ your	Em pre lice Nor rehal	parati parati nses/ ne of	nent sion, ir certification the attion to the second th	servic ntervi icatio bove blan?	es (e ew sk ns, et	e.g., re kills, o tc.)	btain	ing
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Tuition Subsistence allowance Books/supplies Computer equipment/software Which of the following types of emplo Resume preparation Interview skills Obtaining licenses/certifications Were you given a time frame from VA Yes No (skip to 020) How long was/is the time frame for c (PLEASE RESPOND USING ANY OR ALL OF THE F	Health services (e.g. Tutoring Independent living something strength of the Lorentz Information into Information into Information Informat	i., medical, deservices  vill you receive trategies erview with possistance vVR&E rehabsure (skip to a20 E rehabilitation)	e as pa e tential ilitation	otical)  ort of  emple  n pla	<b>your</b>	Em pre lice Nor reha	iployn parati enses/ ne of <b>bilita</b>	nent sion, ir certifithe a tion p	servic ntervi icatio bove blan?	es (e ew sk ns, et	e.g., rekills, o	btain	ing
Tuition Subsistence allowance Books/supplies Computer equipment/software Which of the following types of emplo Resume preparation Interview skills Obtaining licenses/certifications Were you given a time frame from VA Yes No (skip to Q20) How long was/is the time frame for c (PLEASE RESPOND USING ANY OR ALL OF THE F	Health services (e.g. Tutoring Independent living something strength of the Information into Information Informatio	i., medical, deservices  vill you receive trategies erview with possistance vR&E rehabsure (skip to 020 E rehabilitation)	e as pa e as pa etential illitation on plan ot sure	nrt of emplo n pla	oyyour pyers	Em pre lice Noi rehal	ploymparati	nent s ion, ir ion, ir ion	service servic	es (e ew sk ns, et ' (MAR	e.g., reills, o	btain	ing
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Tuition Subsistence allowance Books/supplies Computer equipment/software Which of the following types of emplo Resume preparation Interview skills Obtaining licenses/certifications Were you given a time frame from VA Yes No (skip to 020) How long was/is the time frame for c (PLEASE RESPOND USING ANY OR ALL OF THE F # of Months Were the amount of services you receiv Less than What I expected The following question asks you to r using a scale of 1 to 10 where is 1 is Please rate your VR&E benefit (e.g., 1	Health services (e.g. Tutoring Independent living something strength of the property of the pr	i., medical, de services  vill you receive ategies erview with possistance  VR&E rehabilitation with known or now the program medical portion of your experoutstanding.	e as pa tential illitation on plar ot sure nore that	nrt of emplo n pla n, les	your yyour yyers 1? (M	Em pre lice Non rehal	ployn parati nses/ ne of bilitar  unity one what Reh	nent sion, ir in ion, ir ion, ir ion, ir ion, ir ion particular non particular no	service strain s	es (e ew sk	e.g., reckills, octo.)  K ALL T ABOVE  (MARKET I Emp	CONLY  CONLY  CONLY  CONLY  CONLY	ONE)  ONE)
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Tuition  Subsistence allowance  Books/supplies  Computer equipment/software  Which of the following types of employ Resume preparation  Interview skills  Obtaining licenses/certifications  Were you given a time frame from VA  Yes  No (skip to 020)  How long was/is the time frame for complete frame fr	Health services (e.g. Tutoring Independent living something strength of the Information into Job placement Job placement Job placement Job placement Don't know or not completing your VR&I COLLOWING CATEGORIES)  of Years Down Job	J., medical, deservices  vill you receiver ategies erview with possistance vR&E rehabsure (skip to o20 E rehabilitation) the know or now the program manager of your expendent and inguitations.	e as particular de la completa del completa de la completa de la completa del completa de la completa del completa de la completa de la completa del	ortical)  art of emplo n pla n, les with \ is A\ able 2 2	yyour  nyyour  nyyour	Empre lice Noi rehal	pployn parati nnses/ ne of bilitat  What  Reha  terage  5  5	nent sion, ir in	ntervicication bove blan? ne of	es (e ew sk	e.g., reckills, octo.)  K ALL T  Above  MARK  J Emp  Outs  9	CONLY  Stance  Only  Onl	ONE) nen N/A

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verall <b>E</b>	Experience	with	Benefit	<b>Program</b>
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22.	<ol> <li>Thinking about ALL aspects of your experience with Vocational Rehabilitation and Employment benefits, please rate VA overall, using a scale of 1 to 10 where 1 is <u>Unacceptable</u>, 10 is <u>Outstanding</u>, and 5 is <u>Average</u>. (MARK ONLY ONE)</li> </ol>											
	Unaccept	A	veraç	je			Outstanding					
	1	2	3	4	5	6	7	8	9	10		
	<b>①</b>	2	3	4	5	6	7	8	9	10		

## **Overall Experience with VA**

23.	vocational rehabilitation and experience with VA overall,	d employment, i	nsur	ance	, etc.)	you	have	e app	olied	for o	r curre	n, pension, nome loan guaranty ently receive, please rate your <u>tanding</u> , and 5 is <u>Average</u> .
	(MARK ONLY ONE)	Unaccept	able		A	verag	<u>je</u>			Out	standi	<u>ng</u>
		1	2	3	4	5	6	7	8	9	10	
		1	2	3	4	(5)	6	7	8	9	10	

24. Now think about your experiences with all the services provided by the Department of Veterans Affairs (which include healthcare, benefits programs, or memorial services). Please tell us how you feel about the following statements.

(MARK ONLY ONE PER STATEMENT)

		Strongly Disagree	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	Strongly Agree
a.	I got the service I needed	1	2	3	4	5
b.	It was easy to get the service I needed	1	2	3	4	5
c.	I felt like a valued customer	1	2	3	4	5
d.	Ltrust VA to fulfill our country's commitment to Veterans	<b>(1)</b>	(2)	(3)	4	(5)

25. Do you have any other comments or concerns about your experience?

## **About You** —

26.	What is your current status in the Vocatio	nal Rehabilitation and Employment program?	(MARK ONLY ONE)
27.		<ul> <li>✓ VA initiated discontinuation         <ul> <li>(withdrawal) from program</li> <li>✓ Voluntary interruption in program</li> </ul> </li> <li>TED OR WITHDREW FROM THE VR&amp;E PROGRAM. OTHERWIS DUT rehabilitation program? (MARK ALL THAT APPLY)</li> </ul>	Voluntary discontinuation (withdrawal) from program  Prefer not to answer  SE, PLEASE SKIP TO Q28.
-7.	Medical difficulties	Program did not meet needs	Lost interest
	○ Financial difficulties	Program requirements were too difficult	To pursue another education benefit
	─ Family responsibilities (	→ VA initiated interruption/discontinuation	(CH33, State Vocational Rehabilitation, etc.)
	Found a job prior to program completion	(withdrawal)	Other (Please specify):
	<ul> <li>Transportation difficulties</li> </ul>	Problems with counselor	Don't know or not sure
28.	Do you plan to complete your rehabilitation	on program now or in the future? (MARK ONLY ONE	
		r not sure Prefer not to answer	
29.	At any point during the VR&E program, did y	ou register for eBenefits or the Veterans Employ	yment Center in eBenefits? (MARK ONLY ONE)
	☐ Yes (skip to q31) ☐ No	Don't know or not sure (SKIP TO Q31)	

$\neg \heartsuit$	

	About You (Continued)
30.	Why didn't you register for eBenefits or the Veterans Employment Center in eBenefits? (MARK ALL THAT APPLY)
	○ Not aware of eBenefits/Veterans Employment Center ○ Other (Please specify):
	<ul> <li>Opted not to use eBenefits/Veterans Employment Center</li> <li>Don't know or not sure</li> </ul>
31.	Are you currently enrolled in a 2-year college (e.g., community college), 4-year college (e.g., university), Postgraduate program, Technical or trade school, Flight school or On the job training program? (MARK ONLY ONE)  Yes  No
32.	Are you a (MARK ONLY ONE)
	□ Part-time student □ Full-time student □ Not currently enrolled (SKIP TO Q36) □ Don't know or not sure (SKIP TO Q36)
33.	What is the format of the program you are enrolled in? (MARK ONLY ONE)
	<ul> <li>☐ Traditional (classes in classroom/school facility)</li> <li>☐ Mixed (classroom and online)</li> </ul>
	Online (classes on the Internet)
34.	What type of degree/training program are you currently pursuing? (MARK ONLY ONE)
	<ul> <li>On-the-job training or apprenticeship</li> <li>Associate degree</li> <li>Master's degree</li> </ul>
	□ Certificate/license □ Bachelor's degree □ Doctorate
35.	What type of academic institution or training facility are you enrolled in? (MARK ONLY ONE)
	2-year college (e.g., community college)
	<ul> <li>4-year college (e.g., university)</li> <li>Technical or trade school</li> <li>Job training site</li> </ul>
36.	Are you currently employed? (MARK ONLY ONE) — Yes — No — Prefer not to answer
	PLEASE ANSWER Q37-Q38 IF YOU ANSWERED "YES" TO Q36
37.	Which of the following were the three most important resources in obtaining your current job? (MARK TOP 3)
	○ VR&E Counselor/Contract Counselor ○ Newspaper ○ Other (Please specify):
	<ul> <li>Employment Coordinator</li> <li>Online job site</li> </ul>
	<ul> <li>Veterans Employment Center</li> <li>Recommendations of friends/family</li> <li>None of the above</li> </ul>
	in eBenefits — School
38.	Relative to when you began to receive Vocational Rehabilitation and Employment services, when did you obtain
	employment? (MARK ONLY ONE)
	□ Prior to program completion □ Don't know or not sure

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THANK YOU FOR TAKING THE TIME TO PARTICIPATE IN THIS IMPORTANT STUDY.





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