









Vocational Rehabilitation and Employment Servicing Satisfaction

MARKING INSTRUCTIONS
Please fill the response oval completely and print clearly.
USE BLACK OR BLUE INK (NO RED) to complete the survey.

CORRECT:	INCORRECT:
 	   

OMB Control No. 2900-0782

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

Benefit Information

- 1. How did you FIRST learn about the VR&E benefit programs? (MARK ONLY ONE)**
IF YOU ARE UNSURE, PLEASE INDICATE THE FIRST WAY YOU REMEMBER LEARNING ABOUT THE VR&E BENEFIT PROGRAMS.

<input type="radio"/> Online (e.g., eBenefits.va.gov, VA website, etc.) <input type="radio"/> Mail (from VA) <input type="radio"/> Veterans Service Organizations (e.g., Amer. Legion, DAV, VFW, PVA, MOPH, etc.) <i>(Please specify):</i> _____ <input type="radio"/> In person with a VA representative (e.g., VA medical center, VA Vet Center, Regional Office, TAP/DTAP briefing, etc.) <input type="radio"/> In person on a campus (VetSuccess on Campus)	<input type="radio"/> In person on a military installation (Integrated Disability Examination System) <input type="radio"/> Other Veterans/Servicemembers <input type="radio"/> Friends or family <input type="radio"/> Other <i>(Please specify):</i> _____ <input type="radio"/> Don't know or not sure
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- 2. What method(s) do you MOST FREQUENTLY use to obtain general information about VA's VR&E benefits or services? (MARK ALL THAT APPLY)**

<input type="radio"/> Online (e.g., eBenefits.va.gov, VA website, etc.) <input type="radio"/> Phone <input type="radio"/> Mail <input type="radio"/> E-mail <input type="radio"/> In person with a VA representative (e.g., VA medical center, VA Vet Center, Regional Office, etc.) <input type="radio"/> In person on a campus (VetSuccess on Campus) <input type="radio"/> In person on a military installation (Integrated Disability Examination System)	<input type="radio"/> Veterans Service Organizations (e.g., Amer. Legion, DAV, VFW, PVA, MOPH, etc.) <i>(Please specify):</i> _____ <input type="radio"/> Friends or family <input type="radio"/> Other Veterans/Servicemembers <input type="radio"/> School <input type="radio"/> VR &E Office <input type="radio"/> Other <i>(Please specify):</i> _____ <input type="radio"/> Don't know or not sure
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- 3. How frequently would you like to receive communications (e.g., e-mails, letters, newsletters, etc.) from VA about VR&E benefits or services? (MARK ONLY ONE)**

<input type="radio"/> Weekly <input type="radio"/> Monthly	<input type="radio"/> Quarterly (every 3 months) <input type="radio"/> Semi-annually (twice per year)	<input type="radio"/> Annually (once per year) <input type="radio"/> Never	<input type="radio"/> Don't know or not sure
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Benefit Information (Continued)

4. How would you like to receive information from VA about VR&E benefits or services? (MARK ALL THAT APPLY)
- Phone
 - Mail
 - E-mail
 - Online (e.g., eBenefits.va.gov, VA website, etc.)
 - Social media websites (e.g., Facebook, Twitter, etc.)
 - In person with a VA representative (e.g., VA medical center, VA Vet Center, Regional Office, etc.)
 - In person on a campus (VetSuccess on Campus)
 - In person on a military installation (Integrated Disability Examination System)
 - Veterans Service Organizations (e.g., Amer. Legion, DAV, VFW, PVA, MOPH, etc.) (Please specify): _____
 - Other (Please specify): _____
 - Don't know or not sure

The following question asks you to rate various aspects of your experience with Vocational Rehabilitation and Employment, using a scale of 1 to 10, where 1 is Unacceptable, 10 is Outstanding, and 5 is Average.

5. When thinking about your most frequently used methods of communication, please rate your experience in obtaining information about your VR&E benefit on the following items: (MARK ONLY ONE PER ROW)
- | | Unacceptable | | | Average | | | | Outstanding | | | N/A |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| a. Ease of accessing information | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Availability of information | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Clarity of information | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Usefulness of information | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Frequency of information provided by VA | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Overall rating of information | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Benefit Entitlement

6. Does/did your rehabilitation plan include an education or training phase? (MARK ONLY ONE)
- Yes No (SKIP TO Q9) Don't know or not sure (SKIP TO Q9)
7. Did you have the same counselor throughout your entire experience with VR&E? (MARK ONLY ONE)
- Yes No Don't know or not sure Not applicable
8. Were you given a time frame from VA for completing the education/training phase of your rehabilitation plan? (MARK ONLY ONE)
- Yes No Don't know or not sure
9. How many times in the past 6 months has a counseling appointment been cancelled or rescheduled by your counselor?
- Never been cancelled or rescheduled (SKIP TO Q11) # of Times Don't know or not sure (SKIP TO Q11)
- IF YOUR COUNSELING APPOINTMENT HAS BEEN CANCELLED OR RESCHEDULED BY YOUR COUNSELOR 1 OR MORE TIMES, PLEASE ANSWER Q10. OTHERWISE, PLEASE SKIP TO Q11.
10. If your counseling appointment was cancelled or rescheduled at least once, were you scheduled for a new appointment without having to ask? (MARK ONLY ONE)
- Yes No Don't know or not sure
11. Which of the following types of counseling or referrals has your counselor provided? (MARK ALL THAT APPLY)
- Education/training enrollment assistance
 - Career counseling
 - Help with a personal issue
 - Financial counseling
 - Problem-solving techniques
 - Referrals to potential employers (e.g., government, private, etc.)
 - Referrals to employment agencies or job banks
 - Referrals to health providers (e.g., medical, dental, optical)
 - Referrals to other counseling programs
 - Referrals to Veterans Service Organizations (e.g., American Legion)
 - None of the above
12. Did you utilize tele-counseling to speak to your counselor? (MARK ONLY ONE)
- Yes Don't know what tele-counseling is or didn't know it was available (SKIP TO Q14)
- No (SKIP TO Q14) Don't know or not sure (SKIP TO Q14)



Benefit Entitlement (Continued)

13. Please tell us how you feel about the following statement: "I felt tele-counseling was an effective way to speak to my counselor." Would you say you would... (MARK ONLY ONE PER ROW)

- | | | | | |
|--------------------------|-----------------|----------------|--------------|-----------------------|
| <u>Strongly Disagree</u> | <u>Disagree</u> | <u>Neutral</u> | <u>Agree</u> | <u>Strongly Agree</u> |
| (1) | (2) | (3) | (4) | (5) |

The following question asks you to rate various aspects of your experience with Vocational Rehabilitation and Employment (VR&E), using a scale of 1 to 10 where 1 is **Unacceptable**, 10 is **Outstanding**, and 5 is **Average**.

PLEASE ANSWER THE FOLLOWING QUESTION BASED ON YOUR BEST ABILITY TO RECALL YOUR EXPERIENCE WITH YOUR VR&E COUNSELOR(S).

14. Please rate your experience with VR&E counselors on the following items: (MARK ONLY ONE PER ROW)

	<u>Unacceptable</u>			<u>Average</u>				<u>Outstanding</u>			N/A
	1	2	3	4	5	6	7	8	9	10	
a. Promptness of scheduling appointments or returning calls	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(NA)
b. Courtesy of the counselor	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(NA)
c. Knowledge of the counselor	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(NA)
d. Counselor's concern for your needs	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(NA)
e. Timeliness of completing your initial evaluation	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(NA)
f. Overall counselor experience	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(NA)

15. Why did you give your overall experience with your counselor that rating?

16. Which of the following benefits did you or will you receive as part of your rehabilitation plan? (MARK ALL THAT APPLY)

- | | | |
|--|---|--|
| <input type="checkbox"/> Tuition | <input type="checkbox"/> Health services (e.g., medical, dental, optical) | <input type="checkbox"/> Employment services (e.g., resume preparation, interview skills, obtaining licenses/certifications, etc.) |
| <input type="checkbox"/> Subsistence allowance | <input type="checkbox"/> Tutoring | |
| <input type="checkbox"/> Books/supplies | <input type="checkbox"/> Independent living services | |
| <input type="checkbox"/> Computer equipment/software | <input type="checkbox"/> None of the above | |

17. Which of the following types of employment services did/will you receive as part of your rehabilitation plan? (MARK ALL THAT APPLY)

- | | | |
|--|---|--|
| <input type="checkbox"/> Resume preparation | <input type="checkbox"/> Job hunting strategies | |
| <input type="checkbox"/> Interview skills | <input type="checkbox"/> Information interview with potential employers | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Obtaining licenses/certifications | <input type="checkbox"/> Job placement assistance | |

18. Were you given a time frame from VA for completing your VR&E rehabilitation plan? (MARK ONLY ONE)

- Yes No (SKIP TO Q20) Don't know or not sure (SKIP TO Q20)

19. How long was/is the time frame for completing your VR&E rehabilitation plan?

(PLEASE RESPOND USING ANY OR ALL OF THE FOLLOWING CATEGORIES)

- # of Months # of Years Don't know or not sure

20. Were the amount of services you received as part of your VR&E program more than, less than, or what you expected? (MARK ONLY ONE)

- Less than What I expected More than

The following question asks you to rate various aspects of your experience with Vocational Rehabilitation and Employment, using a scale of 1 to 10 where 1 is **Unacceptable**, 10 is **Outstanding**, and 5 is **Average**.

21. Please rate your VR&E benefit (e.g., training and counseling) on the following items: (MARK ONLY ONE PER ROW)

	<u>Unacceptable</u>			<u>Average</u>				<u>Outstanding</u>			N/A
	1	2	3	4	5	6	7	8	9	10	
a. Amount of benefits	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(NA)
b. Effectiveness of benefit/service in preparing and obtaining suitable employment	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(NA)
c. Timeliness of receiving benefit payment	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(NA)
d. Overall rating of benefit payment	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(NA)



Overall Experience with Benefit Program

22. 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 **Unacceptable**, 10 is **Outstanding**, and 5 is **Average**. (MARK ONLY ONE)

<u>Unacceptable</u>			<u>Average</u>				<u>Outstanding</u>		
1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Overall Experience with VA

23. Taking into consideration all of the non-medical benefits (e.g., education, compensation, pension, home loan guaranty, vocational rehabilitation and employment, insurance, etc.) you have applied for or currently receive, please rate your experience with VA overall, using a scale of 1 to 10 where 1 is **Unacceptable**, 10 is **Outstanding**, and 5 is **Average**. (MARK ONLY ONE)

<u>Unacceptable</u>			<u>Average</u>				<u>Outstanding</u>		
1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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)

	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
a. I got the service I needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. It was easy to get the service I needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I felt like a valued customer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I trust VA to fulfill our country's commitment to Veterans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

About You

26. What is your current status in the Vocational Rehabilitation and Employment program? (MARK ONLY ONE)

- | | | |
|--|--|---|
| <input type="radio"/> Completed program successfully | <input type="radio"/> VA initiated discontinuation (withdrawal) from program | <input type="radio"/> Voluntary discontinuation (withdrawal) from program |
| <input type="radio"/> Currently participating in program | <input type="radio"/> Voluntary interruption in program | <input type="radio"/> Prefer not to answer |
| <input type="radio"/> VA initiated interruption in program | | |

PLEASE ANSWER Q27 IF YOU VOLUNTARILY INTERRUPTED OR WITHDREW FROM THE VR&E PROGRAM. OTHERWISE, PLEASE SKIP TO Q28.

27. Why did you interrupt or withdraw from your rehabilitation program? (MARK ALL THAT APPLY)

- | | | |
|---|--|---|
| <input type="radio"/> Medical difficulties | <input type="radio"/> Program did not meet needs | <input type="radio"/> Lost interest |
| <input type="radio"/> Financial difficulties | <input type="radio"/> Program requirements were too difficult | <input type="radio"/> To pursue another education benefit (CH33, State Vocational Rehabilitation, etc.) |
| <input type="radio"/> Family responsibilities | <input type="radio"/> VA initiated interruption/discontinuation (withdrawal) | <input type="radio"/> Other (Please specify): _____ |
| <input type="radio"/> Found a job prior to program completion | <input type="radio"/> Problems with counselor | <input type="radio"/> Don't know or not sure |
| <input type="radio"/> Transportation difficulties | | |

28. Do you plan to complete your rehabilitation program now or in the future? (MARK ONLY ONE)

- Yes No Don't know or not sure Prefer not to answer

29. At any point during the VR&E program, did you register for eBenefits or the Veterans Employment Center in eBenefits? (MARK ONLY ONE)

- Yes (SKIP TO Q31) No Don't know or not sure (SKIP TO Q31)



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): _____
- Opted not to use eBenefits/Veterans Employment Center Don't know or not sure
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)
- Traditional (classes in classroom/school facility) Mixed (classroom and online)
- Online (classes on the Internet)
34. **What type of degree/training program are you currently pursuing?** (MARK ONLY ONE)
- On-the-job training or apprenticeship Associate degree Master's degree
- 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) Postgraduate program Flight school Other (Please specify): _____
- 4-year college (e.g., university) Technical or trade school Job training site
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): _____
- Employment Coordinator Online job site
- Veterans Employment Center in eBenefits Recommendations of friends/family None of the above
- 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 After program completion Don't know or not sure

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

Please return to: J.D. Power and Associates Survey Processing Center
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