### **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 about your experience as a participant in the program. Please be completely honest. Your answers will be strictly confidential. No one in the agency will see your individual responses.

### Please fill in your response to each answer like this: •, NOT this •

Choose the number on the scale below each question that best represents your opinion. The last two questions allow you to express your ideas about the program in your own words. Thank you in advance for your help.

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Expiration Date: 08/31/2018

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Completion of this survey is completely voluntary, and information collected will be kept private to the extent permitted by law and used for program evaluation purposes only. Thank you for your participation. 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, Office of Workforce Investment, Room C-4510, 200 Constitution Avenue, NW, Washington, DC 20210. (Please do not return surveys to this address.)

# **SCSEP Participant Customer Satisfaction Survey**

5.	know about how the program worked and what to expect. (Choose one number)																						
	Strongly disagree Strongly agree																Don't know						
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6.	The Older Worker Program/SCSEP staff understood my employment interests and needs. (Choose one number)																						
	Strongly disagree														Stron	gly	Don't know						
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7.	The Older Worker Program/SCSEP 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									
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8.	Given your transportation situation, was your host agency assignment convenient to where you live? (Choose one answer)																						
	$\bigcirc$	Yes			O 1	No		0	Do	n't k	now												
9.	There is someone in the Older Worker Program/SCSEP I can talk to when I need to. (Choose one number)																						
	Strongly disagree												Strongly Doesn' agree apply										
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# **SCSEP Participant Customer Satisfaction Survey**

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	$\bigcirc$	2)	I	rec	eive	ed c	om	pute	r trai	ning,	but i	t didı	n't m	eet n	ny n	eed	S.									
	<ul> <li>3) I needed computer training, but little or none was offered.</li> </ul>																									
	$\bigcirc$	4)	Ι	did	ln't i	need	d c	omp	uter t	raini	ng bu	ıt was	s giv	en the	e tra	inin	ng ar	nywa	y.							
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	3. I feel comfortable at my host Strongly disagree							, <u>.</u>	•	C									Š	Stron ag	gly	Do:				
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# **SCSEP Participant Customer Satisfaction Survey**

18. Overall, how helpful has the Older Worker Program/SCSEP been in prosuccess in the workforce? (Choose one number)	epari	ng you f	or		
Not at all helpful		tremely helpful	Don't know		
$\bigcirc \ 1  \bigcirc \ 2  \bigcirc \ 3  \bigcirc \ 4  \bigcirc \ 5  \bigcirc \ 6  \bigcirc \ 7  \bigcirc \ 8  \bigcirc$	9	O 10	O 90		
If you have left the Older Worker Program/SCSEP and have a job, an and continue with the rest of the survey. If you do not have a job, skip		_			
19. How much help did Older Worker Program/SCSEP staff give you in fi (Choose one number)	nding	g employ	ment?		
No help	A gro	Don't know			
$\bigcirc \ 1  \bigcirc \ 2  \bigcirc \ 3  \bigcirc \ 4  \bigcirc \ 5  \bigcirc \ 6  \bigcirc  7 \ \bigcirc \ 8  \bigcirc$	9	O 10	O 90		
<ul> <li>20. Do you feel that your participation in the Older Worker Program/SCSI employment in these organizations? (Choose all that apply)</li> <li>1) I felt prepared for employment in a nonprofit organization</li> <li>2) I felt prepared for employment in a government organization</li> <li>3) I felt prepared for employment in a for-profit business</li> <li>4) I did not feel prepared for employment in any organization or business</li> </ul>	EP pro	epared yo	ou for		
21. What is most valuable to you about the Older Worker Program/SCSEF	?				
22. Based on your experience, what changes would you recommend for the Program/SCSEP?	e Old	ler Work	er		

Thank you for taking time to complete this survey.