

In-person Work Incentives Seminar Event (WISE) Evaluation for Employment Networks

Thank you for attending today's WISE; we hope you found the information helpful! Please let us know how we can improve WISE so we can offer the best possible support to people with disabilities go to work.

Please choose the answer or number that best describes your WISE experience.

1. How did you hear about today's WISE presentation? (Check all that apply)

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> WIPA | <input type="checkbox"/> E-mail | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Listserv | <input type="checkbox"/> Twitter | <input type="checkbox"/> Flyer |
| <input type="checkbox"/> Friend/Family | <input type="checkbox"/> Colleague | <input type="checkbox"/> Protection and
Advocacy Agency |
| <input type="checkbox"/> MAXIMUS | | |
| <input type="checkbox"/> Website (Please specify) | | |

Other (Please specify)

2. I have attended a WISE before:

Yes

No

If yes, how many? Please fill in the blank: _____

For each of the following questions, please indicate how much you agree or disagree with the following statements.

1 = Strongly Disagree 5 = Strongly Agree

3. Today's WISE was a valuable experience	1	2	3	4	5	N/A
4. Today's WISE allowed me to meet prospective clients	1	2	3	4	5	N/A
5. The question and answer session was helpful	1	2	3	4	5	N/A
6. I plan to attend another WISE	1	2	3	4	5	N/A
7. Today's WISE location was easy to find	1	2	3	4	5	N/A
8. My request(s) for assistive aids and services was met	1	2	3	4	5	N/A

9. How did you register for WISE?

- Online
- By phone

- By email
- Other (Please Specify) _____
- N/A

10. How would you rate your registration experience?

	<u>1=Poor</u>		<u>5 = Excellent</u>			
	1	2	3	4	5	
<input type="checkbox"/> Online						N/A
<input type="checkbox"/> By phone						N/A
<input type="checkbox"/> By email						N/A

What suggestions do you have for improving the WISE presentation?

Paperwork Reduction Act Statement

Paperwork Reduction Act Statement – This information collection meets the requirements of 44 U.S.C. §3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about **5 minutes** to complete this survey. You may send comments on our time estimate above: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address.**