



Employment and Training Customer Survey

Name: (Optional) _____ Date: _____

How did you find out about Services offered through L.E.A.P.?

- | | |
|--|--|
| <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Employee Referral |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Agency Referral (specify) _____ |
| <input type="checkbox"/> Radio/TV | <input checked="" type="checkbox"/> Other: _____ |

Requested Assistance included- check all that apply:

- Youth Services- Youth TASC (GED)/ Youth Employment
- Resume/ Cover Letter/ Application Assistance
- Workshop Information
- Job Search Information
- Supportive Services Assistance
- Adult/ Dislocated Worker/ Trade Act Information
- Short term online courses to improve your skills
- Adult Continuing education courses- ex. BOCES/ SUNY
- Vocational training- ex. BOCES
- TASC (Test Assessing Secondary Completion)(G.E.D.)
- Other: _____

<i>Indicate your level of Satisfaction by circling appropriate number</i>	<i>Poor</i>	<i>Fair</i>	<i>Okay</i>	<i>Good</i>	<i>Great</i>
Services received in a timely manner	1	2	3	4	5
Services met your needs	1	2	3	4	5
Information on other available resources	1	2	3	4	5
Staff demonstrated interest in your needs	1	2	3	4	5
Staff treated you in a courteous manner	1	2	3	4	5
Information or Referral to Community Resources	1	2	3	4	5
Convenience of Center hours	1	2	3	4	5
Convenience of contact/ In person/ Zoom/ Phone/ Email	1	2	3	4	5

Any Additional Comments:

If additional space is needed for your comments, please use the back of form.

Thank you for taking the time to complete this survey!