

Name: (Optional)			_Date:		and the second second	
How did you find out about Services offered through L.E.A.	P.?	loyee Re	ferral			
_ Filelio Relative				cify)		
- Henspaper						
□ Radio/TV	, 01110					
Requested Assistance included- check all that apply:  Youth Services- Youth TASC (GED)/ Youth Employmer 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/ SUN Vocational training- ex. BOCES TASC (Test Assessing Secondary Completion)(G.E.D. Other:	ΙΥ					
Indicate your level of Satisfaction by circling appropriate	Poor	Fair	Okay	Good	Great	
number	<b>_</b>		2	(A)	5	
Services received in a timely manner	1	2	3	X	5	
Services met your needs	1	2	3		5	
Information on other available resources	1	2	3	<b>\$</b>	5	
Staff demonstrated interest in your needs	1	2	3	<b>X</b>	5	1
Staff treated you in a courteous manner	1	2	3	4		
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:					agger a manga geget daga fingsi e yeki kin kandang atti bir	

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

Thank you for taking the time to complete this survey!

Revised 2021



Name:	(Optional) Ashley Roberts		Date:
How d	lid you find out about Services offered through L.E.A.l Friend/Relative	P.?	Employee Referral Agency Referral (specify) Other:
Reque	ested Assistance included- check all that apply: Youth Services- Youth TASC (GED)/ Youth Employme	nt	
П	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	_	
X	Adult Continuing education courses- ex. BOCES/ SUNY	Y	
	Vocational training- ex. BOCES		
	TASC (Test Assessing Secondary Completion)(G.E.D.)		
	Other:		

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

#### Any Additional Comments:

I am unable to circle using docusign. Leap staff have gone above and beyond to help me succeed in a career that I will have for my lifetime. I took my NCLEX yesterday morning and I will have my results tomorrow morning. I could not have done it without the support of the LEAP program and staff and for that I now will be able to give back to our community as a nurse.

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

Thank you for taking the time to complete this survey!



Name: (Optional)Michael	Date:12/01/21
How did you find out about Services offered through Friend/Relative  Newspaper Radio/TV	<ul> <li>ugh L.E.A.P.?</li> <li>Employee Referral</li> <li>Agency Referral (specify)</li> <li>Other:</li> </ul>
<ul> <li>Requested Assistance included- check all that app</li> <li>Youth Services- Youth TASC (GED)/ Youth</li> <li>Resume/ Cover Letter/ Application Assistance</li> <li>Workshop Information</li> </ul>	Employment

- 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:

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

Any Additional Comments:	٠

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

Thank you for taking the time to complete this survey!

Revised 2021

LEAP

Employment and Training Customer Survey

Date: 113021

Ashmorph L.E.A.P.?
How did you find out about Services offered through L.E.A.P.?
<b>♣</b> Friend/Relative
<ul> <li>Newspaper</li> <li>Radio/TV</li> </ul>
* Agency Referral (specify)  * Other: On time Searched For help  Going back to School in washington County
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  Adult/ Dislocated Worker/ Trade Act Information
Adult Continuing education Countries  Vocational training-ex. BOCES  TASC (Test Assessing Secondary Completion)(G.E.D.)
◆ Others
Indicate your level of Satisfaction by circling appropriate    Poor Fair Okay Good Great   Namber
I could continue Diagram Don I approprian Si

Name:	1	Date:	11/30/207
(Optional)			
How did you find out about Services offered through L.E.A	C.P.?		
Friend Relative			
★ Newspaper     ★ Radio/TV			
<ul><li>★ Employee Referral</li><li>★ Agency Referral (specify)</li><li>★ Other:</li></ul>			
Requested Assistance included- check all that apply:  Table Youth Services- Youth TASC (GED)/ Youth Employment	ent		
Resume/ Cover Letter/ Application Assistance			
<b>♦</b> Workshop Information			
<b>₫</b> Job Search Information			
<b>★</b> Supportive Services Assistance			
★ Adult/ Dislocated Worker/ Trade Act Information			
Short term online courses to improve your skills	TV N		
Adult Continuing education courses- ex. BOCES/ SUN			
♦ Vocational training- ex. BOCES ★			
* TASC (Test Assessing Secondary Completion)(G.E.D.			
Other:			
dicate your level of Satisfaction by circling appropriate	Poor Fair Oka	y Goo	d Great
mber		7.00	
rvices received in a timely manner	1 2 3	4	(E)
rvices met your needs	1 2 3 1 2 3	4	R
formation on other available resources		4	R.
ff demonstrated interest in your needs	1 2 3	4	冶
ff treated you in a courteous manner	$ \begin{array}{c cccc} 1 & 2 & 3 \\ 1 & 2 & 3 \\ 1 & 2 & 3 \end{array} $		X
ormation or Referral to Community Resources		1	15

ALANS MARKETON	AND DESCRIPTIONS			
3	2	3	4	(1)
3	2	3	4	B
3	2	3	4	(5)
3	2	3	4	(15)
3	2	3	4	<b>(13)</b>
3	2	3	4	(1)
3	2	3	4	(5)
3	2	3	4	(5)
TANKS OF THE OWNERS OF THE OWN	2 2	The second secon	3	3 4 3 4

we mish dienzy harbourg embborz;

Name: Jenna Sorand	Date: 11/29/2
How did you find out about Services offered through L.E.A.P.?	
♣ Friend/Relative	
◆ Newspaper ◆ Radio/TV	
# Employee Referral  # Agency Referral (specify)  # Other: The School I want to attend	
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	
◆ TASC (Test Assessing Secondary Completion)(G.E.D.)  ◆ Other:	
ndicate your level of Satisfaction by circling appropriate Poor Fair Oka	y Good Great
ervices received in a timely manner	4 8

Indicate your level of Satisfaction by circling appropriate number	Poor	Fair	Okay	Good	Grea
Services received in a timely manner					
Services met your needs		Z	3	4	K
Information on other available resources	l'	2	3	4	(5)
Staff demonstrated interest in your needs		2	3	4 (	5)
Staff treated you in a courteous manner		2	3	4 (	5
information or Referral to Community Resources	1	2	3	4 (	37
Convenience of Center hours	1	2	3	4 (	RY.
Convenience of Center Hours		,	2	8	X
Convenience of contact/ In person/ Zoom/ Phone/ Email					2
Any Additional Comments:	1	4	9		21