



Employment and Training Customer Survey

Name: (Optional) Michael Date: 12/01/21

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

- Friend/Relative _____
- Newspaper
- Radio/TV
- Employee Referral
- Agency Referral (specify) _____
- 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: _____

Indicate your level of Satisfaction by circling appropriate number	Poor	Fair	Okay	Good	Great
Services received in a timely manner	1	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	•
Convenience of Center hours	1	2	3	4	•
Convenience of contact/ In person/ Zoom/ Phone/ Email	1	2	3	4	•

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!

Revised 2021



Employment and Training Customer Survey

Name:

(Optical) Jennie

Date:

11/30/21

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

•

• Friend/Relative

• Newspaper

• Radio/TV

• Employee Referral

• Agency Referral (specify)

• Other: Online 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

• 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:

Phlebotomy

Indicate your level of Satisfaction by circling appropriate number

Services received in a timely manner

Services met your needs

Information on other available resources

Staff demonstrated interest in your needs

Staff treated you as a courteous patron

Information or Referral to Community Resources

Convenience of Center Hours

Convenience of contact: In person/ Zoom/ Phone/ Email

Any Additional Comments:

	Poor	Fair	Ok	Good	Great
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 as a courteous patron	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

Program was wonderful. I wish people knew more about it. the ggs cards we a very nice perk. I now make to much to get this benefit but not enough to pay to continue my health care education.

If the guidelines for income were a bit higher I could continue programs. But I appreciate this program so much!



Employment and Training Customer Survey

Name:

(Optional) _____

Date:

11/30/2021

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

- ☒ Friend/Relative
- ☐ Newspaper
- ☐ Radio/TV
- ☐ Employee Referral
- ☐ Agency Referral (specify) _____
- ☐ 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: _____

Indicate your level of Satisfaction by circling appropriate number	Poor	Fair	Okay	Good	Great
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:

This is a great program and provided me with great help and support!



Employment and Training Customer Survey

Name:

(Optional)

Jenna

Date:

11/29/21

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 went 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

☒ Vocational training- ex. BOCES

☐ TASC (Test Assessing Secondary Completion)(G.E.D.)

☐ Other:

Indicate your level of Satisfaction by circling appropriate number

	Poor	Fair	Okay	Good	Great
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:



Employment and Training Customer Survey

Name: (Optional) _____ Date: _____

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

- ☐ Friend/Relative
- ☐ Newspaper
- ☐ Radio/TV

- ☐ Employee Referral
- ☐ Agency Referral (specify) _____
- ☒ 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: _____

Indicate your level of Satisfaction by circling appropriate number	Poor	Fair	Okay	Good	Great
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!

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Employment and Training Customer Survey

Name: (Optional) Ashley Roberts

Date: 12/02/2021

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

- ☒ Friend/Relative
 ☐ Employee Referral
☐ Newspaper
 ☐ Agency Referral (specify) _____
☐ Radio/TV
 ☐ 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: _____

Indicate your level of Satisfaction by circling appropriate number	Poor	Fair	Okay	Good	Great
Services received in a timely manner	1	2	3	4	5 x
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 x
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 x
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!

Revised 2021



Employment and Training Customer Survey

Name: (Optional) Ashley

Date: 12/02/2021

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

- ☒ Friend/Relative
 ☐ Employee Referral
☐ Newspaper
 ☐ Agency Referral (specify) _____
☐ Radio/TV
 ☐ 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: _____

Indicate your level of Satisfaction by circling appropriate number	Poor	Fair	Okay	Good	Great
Services received in a timely manner	1	2	3	4	5 x
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 x
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 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!

Revised 2021



Employment and Training Customer Survey

Name: (Optional) _____ Date: _____

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

- ☐ Friend/Relative
- ☐ Newspaper
- ☐ Radio/TV

- ☐ Employee Referral
- ☒ Agency Referral (specify) _____
- ☒ 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: _____

Indicate your level of Satisfaction by circling appropriate number	Poor	Fair	Okay	Good	Great
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!

Revised 2021



Employment and Training Customer Survey

Name: _____

(Optional) _____

Date: _____

11/30/2021

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

- ☒ Friend/Relative
- ☐ Newspaper
- ☐ Radio/TV
- ☐ Employee Referral
- ☐ Agency Referral (specify) _____
- ☐ 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: _____

Indicate your level of Satisfaction by circling appropriate number:	Poor	Fair	Okay	Good	Great
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:

This is a great program and provided me with great help and support!



Employment and Training Customer Survey

Name:

(Optional)

Jenna

Date:

11/29/21

How did you find out about Services offered through LEAP?

☐ 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

☒ Vocational training- ex. BOCES

☐ TASC (Test Assessing Secondary Completion)(G.E.D.)

☐ Other:

Indicate your level of Satisfaction by circling appropriate number

	Poor	Fair	Okay	Good	Great
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:



Employment and Training Customer Survey

Name: (Optional) Michael Date: 12/01/21

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

- Friend/Relative _____
- Newspaper
- Radio/TV
- Employee Referral
- Agency Referral (specify) _____
- 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: _____

Indicate your level of Satisfaction by circling appropriate number	Poor	Fair	Okay	Good	Great
Services received in a timely manner	1	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	•
Convenience of Center hours	1	2	3	4	•
Convenience of contact/ In person/ Zoom/ Phone/ Email	1	2	3	4	•

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!

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Employment and Training Customer Survey

Name:

(Optional)

Jennie

Date:

11/30/21

How did you find out about Services offered through LEAP?

☐ Friend/Relative

☐ Newspaper

☐ Radio/TV

☐ Employee Referral

☐ Agency Referral (specify)

☒ Other: Online 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

☒ Short term online courses to improve your skills

☒ Adult Continuing education courses- ex. BOCES/ SUNY

☒ Vocational training- ex. WOCES

☒ TASC (Test Assessing Secondary Completion)(G.E.D.)

☐ Other:

Indicate your level of Satisfaction by circling appropriate number	Poor	Fair	Okay	Good	Great
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 by person/ Zoom/ Phone/ Email	1	2	3	4	5

Any Additional Comments: Program was wonderful. I
wish people knew more about it. the
gas cards are a very nice perk. I now make
to much to get this benefit but not enough to
pay to continue my health care education.

If the guidelines for income were a bit higher
I could continue programs. But I appreciate this
program so much.



Employment and Training Customer Survey

Name: (Optional) Elizabeth M. Date: 12/15/21

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

- ☒ Friend/Relative
 ☐ Employee Referral
☐ Newspaper
 ☐ Agency Referral (specify) _____
☐ Radio/TV
 ☐ 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: _____

Indicate your level of Satisfaction by circling appropriate number	Poor	Fair	Okay	Good	Great
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!



Employment and Training Customer Survey

Name: (Optional) John G.

Date: 12/15/21

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: <u>BOCES</u> |

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: _____

Indicate your level of Satisfaction by circling appropriate number	Poor	Fair	Okay	Good	Great
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!



Employment and Training Customer Survey

Name: (Optional) miz Date: 12/8/21

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

- ☐ Friend/Relative
☐ Newspaper
☐ Radio/TV
☒ Employee Referral
☐ Agency Referral (specify) _____
☐ 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: _____

Indicate your level of Satisfaction by circling appropriate number	Poor	Fair	Okay	Good	Great
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!

