

Slater, Kathleen [DVRs]

From: Slater, Kathleen [DVRs]
Sent: Monday, December 07, 2015 10:05 AM
To: Bindel, Joan ; Clark, Sherri ; Cleveland, Nicole; Davis, Randell; Samson, Deb [IDOE]; Eastin, Page [DHR]; Fitzsimmons, Pam; 'Jill Crosser'; Joblinske, Kathy ; McDermott, Gary; Moore, Lori ; 'Nepl, Renee'; Sorenson, Jeanne; Thierer, Rosemary [IDA]
Cc: Mitchell, David [DVRs]; Coulter, Matthew [DVRs]; Jochimsen, Kenda [DVRs]; Rice, Kelley [DVRs]; Russo, Lee Ann [DVRs]; Smith, James [DVRs]; Dennis, Brian [IWD]
Subject: SRC SURVEY - YOUR VOTE IS REQUIRED!
Attachments: SRC Client Survey Wording Revisions Vote.docx

Importance: High

Good morning – attached is the ballot for voting on proposed wording changes to the SRC Client Satisfaction Survey.

A majority of SRC members must vote – the vote will become a part of the November SRC meeting minutes. Your prompt response is needed so the changes can be implemented on the survey and sent out to clients whose VR cases closed in October and November. You only need to return page 1 with your vote and signature.

Please let me know if you have any questions or are unable to return your ballot to me via fax or email by next Monday.

Thanks again for all you do! Best wishes for a great week!

Kathy Slater

Iowa Vocational Rehabilitation Services
Planning and Development Team
510 E. 12th Street
Des Moines, IA 50319
Kathleen.Slater@iowa.gov
Phone: 515.281.6731 | Confidential Fax: 515.281.0137

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**SRC CUSTOMER SATISFACTION SURVEY
VOTE TO CHANGE WORDING**

1. Joan Bindel
2. Sherri Clark
3. Nicole Cleveland
4. Jill Crosser - **Voted**
5. Randell Davis
6. Page Eastin - **Voted**
7. Pam Fitzsimmons - **Voted**
8. Kathy Joblinske - **Voted**
9. Gary McDermott - **Voted**
10. Lori Moore - **Voted**
11. Renee Neppi - **Voted**
12. Deb Samson
- James Smith – Non-voting member*
13. Jeanne Sorenson
14. Rosemary Thierer - **Voted**
- Brian Dennis – non-voting, pending appointment*

8 Votes Recorded for Survey Wording Changes

SRC CLIENT SATISFACTION SURVEY, PROPOSED CHANGES:

Original:

7a. Services I received helped to decrease, accommodate, and/or remove my disability related barriers to employment.

PROPOSED:

7a. Services I received helped to decrease or remove the challenges I had related to employment.

Original:

7e. I obtained the job goal that was identified in my Individualized Plan for Employment.

PROPOSED #1:

7e. I obtained the job goal that my counselor and I agreed upon.

PROPOSED #2:

7e. IVRS staff helped me achieve my employment goal.

Original:

8. I needed assistance from other agencies not directly related to employment.

PROPOSED:

8. In addition to IVRS, I needed assistance from other agencies for non-employment related needs? (i.e. housing, food assistance)

Original:

8a. I was provided information about other programs that would be able to assist me with my non-employment related needs.

PROPOSED:

8a. I was given information about other programs that could help me with my non-employment related needs.

Original:

8b. I was referred to other programs for assistance with my non-employment related needs.

PROPOSED:

8b. I was connected to other programs for assistance with my non-employment related needs.

Original:

8c. I have received the assistance for which I was referred.

PROPOSED:

8c. I received the assistance I needed from the other agencies.

Original:

8d. I am currently waiting for assistance from the program to which I was referred.

PROPOSED:

8d. I am currently on a waiting list for services from the other agencies.

Original:

13. My Individualized Plan for Employment was carried out to my satisfaction.

PROPOSED:

13. My plan for employment was carried out to my satisfaction.

Original:

13a. All services on my plan were needed for me to achieve my employment goal.

PROPOSED #1:

13a. All services that I needed to be successfully employed were included on my plan.

PROPOSED #2:

All services that I needed to be successfully employed were provided.

Original:

13d. Vendors and community partners provided services consistent with my plan.

PROPOSED #1:

13d. Services that were purchased on my behalf were provided consistent with my plan.

PROPOSED #2:

Services that were purchased on my behalf were what I expected.

Original:

14. My disabling condition was adequately accommodated.

PROPOSED:

14. VR Staff adequately accommodated my disability.



**STATE REHABILITATION COUNCIL (SRC)
PROPOSED CHANGES TO CLIENT SURVEY**

The next page contains proposed verbiage reflecting revisions to some of the questions noted on the SRC Client Satisfaction Survey, as provided in recent feedback from SRC members. A consensus of the responses is noted. Although the revisions to each question are noted below, **please vote either Yes or No for ALL highlighted proposed changes collectively (not individually by question).**

YES, I approve all proposed changes to the questions noted.

NO, I do not approve all of the proposed changes to the questions noted.

By signing below, I attest:

- I am an appointed, voting member of the State Rehabilitation Council;
- This document represents my vote for the proposed wording changes to the Client Satisfaction Survey;
- I have completed this form and this is my personal signature.

PRINT YOUR NAME HERE: Julia Chase

SIGN YOUR NAME HERE: [Handwritten Signature]



Return signed voting form to Kathleen Slater no later than Monday, Dec. 14, 2015.

Send by **Fax:** 515-281-0137

Scan and send by **E-mail** to: Kathleen.Slater@iowa.gov

Send by **U.S. Mail:**
 ATTN: Kathleen Slater
 Iowa Vocational Rehabilitation Services - PDT
 510 E. 12th Street
 Des Moines, IA 50319

See next 3 pages for proposed revisions...



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<input checked="" type="checkbox"/> YES, I approve all proposed changes to the questions noted.
<input type="checkbox"/> NO, I do not approve all of the proposed changes to the questions noted.

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PRINT YOUR NAME HERE: Page Eastin

SIGN YOUR NAME HERE: Page Eastin



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STATE REHABILITATION COUNCIL (SRC)
PROPOSED CHANGES TO CLIENT SURVEY

Attachment 1



The next page contains proposed verbiage reflecting revisions to some of the questions noted on the SRC Client Satisfaction Survey, as provided in recent feedback from SRC members. A consensus of the responses is noted. Although the revisions to each question are noted below, **please vote either Yes or No for ALL highlighted proposed changes collectively (not individually by question).**

YES, I approve all proposed changes to the questions noted.

NO, I do not approve all of the proposed changes to the questions noted.

For the questions with multiple options I prefer the following: 9-Opt 1, 11-Opt 1, 12-Opt 1, 13a-Opt 1, 13d-Opt 1

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PRINT YOUR NAME HERE: Pamala Fitzsimmons

SIGN YOUR NAME HERE: Pamala Fitzsimmons



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Slater, Kathleen [DVRS]

From: Fitzsimmons, Pam <fitzsimmonspg@Pella.com>
Sent: Monday, December 07, 2015 2:24 PM
To: Slater, Kathleen [DVRS]
Subject: RE: SRC SURVEY - YOUR VOTE IS REQUIRED!

I'm fine with the changes. Thanks for the clarification. I was out that week so didn't see this.

Pam Fitzsimmons
HR Manager - Pella Site Operations

Pella Corporation
W: 641-621-6175 C: 641-230-0534
102 Main Street, Pella, IA 50219



From: Slater, Kathleen [DVRS] [mailto:Kathleen.Slater@iowa.gov]
Sent: Monday, December 07, 2015 1:32 PM
To: Fitzsimmons, Pam <fitzsimmonspg@Pella.com>
Subject: RE: SRC SURVEY - YOUR VOTE IS REQUIRED!

Hi, Pam. After the SRC meeting, Page Eastin sent an email out for members to make proposed changes. Then she consolidated the feedback and sent the below email. That was when people could choose which option they preferred. Based on those responses, I sent out the ballot, with the preferred verbiage highlighted in yellow. Based on what was decided at the SRC meeting, it was a yes or no vote for the changes as an aggregate (since there had been other opportunities to respond to individual question revisions). If my explanation is confusing, just let me know and I can give you a call. I apologize if I didn't make this clearer.

If based on this information you'd like to change your ballot response to a NO, I've attached a new form. Thank you!



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PRINT YOUR NAME HERE: Kathy Joblinske

SIGN YOUR NAME HERE: Kathy Joblinske



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Form with checkboxes: [X] YES, I approve all proposed changes to the questions noted. [] NO, I do not approve all of the proposed changes to the questions noted.

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PRINT YOUR NAME HERE: Gary Mc Dermott

SIGN YOUR NAME HERE: Gary Mc Dermott

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PRINT YOUR NAME HERE: LORI MOORE

SIGN YOUR NAME HERE: *Lori Moore*



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PRINT YOUR NAME HERE: Renee Neppel

SIGN YOUR NAME HERE: Renee Neppel



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PRINT YOUR NAME HERE: Rosemary Thierer

SIGN YOUR NAME HERE: Rosemary Thierer



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