



*Finding solutions. Generating success.*

Iowa Vocational Rehabilitation Services (IVRS) needs your input to improve its services. You can help by answering the 13 questions below and returning this information to IVRS.

**Instructions:** Read each sentence and check the box that best represents your opinion.

- Individuals may return the completed survey electronically by sending to the link below.  
[Barbara.Dickerson@iowa.gov](mailto:Barbara.Dickerson@iowa.gov)
- A hard copy survey is being mailed to individuals who did not provide an email address. Individuals who receive surveys by mail are asked to complete the form and return it in the envelope provided.

### Part A- Your IVRS Experience

1. I am satisfied with the quality of services I received from Iowa Vocational Rehabilitation Services.

Yes

No

Please explain:

2. I was treated courteously by Iowa Vocational Rehabilitation Services reception staff.

Yes

No

Please explain:

3. I was treated courteously by Iowa Vocational Rehabilitation Services counseling staff.

Yes

No

Please explain:

4. I was able to reach my counselor or another IVRS staff member within one business day.

Yes

No

Please explain:

### Part B- Impact of Your IVRS Services

5. Iowa Vocational Rehabilitation Services helped me understand my abilities so that I could choose a job consistent with my skills, interests, and preferences.

Yes

No

Please explain:

6. Iowa Vocational Rehabilitation Services staff helped me understand the services available to me through them and other agencies.

Yes

No

Please explain:

7. I was encouraged to help develop my plan for the services I needed to get a job or training for a job.

Yes

No

Please explain:

8. I was informed that I can request a hearing and information about the Client Assistance Program if I am not satisfied with my services from Iowa Vocational Rehabilitation Services.

Yes

No

Please explain:

9. Would you recommend Iowa Vocational Rehabilitation Services to another person?

Yes

No

Please explain: \_\_\_\_\_

### Part C- Your Basic Employment Information

10. Which of the following best describes your current job situation? (check one)

- Employed full-time (35 or more hours per week)
- Employed part-time (less than 35 hours per week)
- Self-employed
- Employed with a job coach or other support
- Not employed, but looking for a job
- Not seeking employment
- I am working in the following capacity (not described above: \_\_\_\_\_ )

11. Do you receive health, vacation or retirement benefits from your job?

Yes

No

**If you receive benefits from another source, please specify:**

- Medicaid     Medicare     Workers' Compensation     VA     Someone Else's Private Insurance

12. Are you are satisfied with your job?

Yes

No

Please explain:

13. If you are not working, select all the reasons that apply:

- I did not want to give up my benefits (my benefits are: \_\_\_\_\_ )
- There was no job available for me
- My disability prevented me from working
- Family issues, such as daycare, caring for aging or frail relative
- Lack of or no transportation
- Other (please explain: \_\_\_\_\_ )

14. If you would like to provide additional feedback to IVRS, please list your contact information and your preferred time to receive a phone call and staff from IVRS management will call you back!

Name: \_\_\_\_\_ Time and day to call: \_\_\_\_\_ Phone # to reach me: \_\_\_\_\_

**THANK YOU FOR COMPLETING THIS SURVEY! WE VALUE YOUR INPUT AND WILL USE YOUR RESPONSES TO HELP IVRS IMPROVE SERVICES. ALL INFORMATION WILL BE COMBINED TO ENSURE CONFIDENTIALITY. PLEASE USE THE POSTAGE PAID ENVELOPE TO SEND IN YOUR SURVEY.**