



HempsteadWorks
CUSTOMER FOCUS AND SATISFACTION SURVEY
OUT-OF-SCHOOL YOUTH

As a customer of **HempsteadWorks**, your feedback is crucial to our continuous improvement efforts. For this reason, we are asking that you complete the survey below. Except as otherwise indicated, please place a check mark to answer “yes” or “no” to each question pertaining to your experiences with the **HempsteadWorks Career Center**. Thank you for your cooperation.

PART I

1. Have you found the program and services to be a positive experience? Yes _____ No _____
2. Were you able to easily access job readiness and job search information? Yes _____ No _____
3. Have you received services, such as assessment, testing, career counseling, etc.?
Yes _____ No _____

(If the answer to question number 3 is “No,” then skip to question number 5 below.)

4. If your answer to question number 3 above is “Yes,” have the services that you received been helpful to you? Yes _____ No _____
5. Have you received an explanation of the options available to you for Training Services and how to access that training? Yes _____ No _____
6. Have you received any Training Services, such as Job Readiness Training Workshops, Classroom Training, Internships, On-The- Job Training, Customized Training, E-Learning, Basic Skills Training, etc.? Yes _____ No _____

(If the answer to question number 6 is “No,” then skip to question number 8 below.)

7. If your answer to question number 6 above is “Yes,” have the Training Services that you received been helpful to you? Yes _____ No _____
8. Have you received an explanation of the options available to you for Supportive Services, such as assistance resolving issues related to transportation, child care, housing, etc., and how to access those services? Yes _____ No _____
9. Have you received an explanation of the services offered by our “partner” organizations?
Yes _____ No _____
10. Overall, are you satisfied with how you have been treated in the program?
Yes _____ No _____

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The Workforce Innovation and Opportunity Act Title I financially assisted program is an equal opportunity employer / program. Auxiliary aids and services are available upon request to individuals with disabilities.

PART II

Do you have additional comments or suggestions to better serve you?

Please provide the identifying information requested below:

Name: _____

Signature: _____

Social Security: ____/____/____

Date: ____/____/____

For Staff Use Only

DEI Round 8:

Yes _____

No _____