

**CONSUMER SATISFACTION SURVEY - REGION 81 08**

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES  
VOCATIONAL REHABILITATION  
SFN 58398 (9-2006)

Please let us know how your experience was with Vocational Rehabilitation (VR). If you prefer to respond by telephone, please call 1-800-755-2745 or TTY/TDD 701-328-8968. A postage-paid return envelope is enclosed for your convenience.

Examples: Correct      
Incorrect

**1. How satisfied are you with the courtesy and respect shown by the VR staff?**

5-Very Satisfied  4-Satisfied  3-Neutral  2-Dissatisfied  1-Very Dissatisfied

**2. How satisfied are you with the opportunities you had to express your needs to VR Staff?**

5-Very Satisfied  4-Satisfied  3-Neutral  2-Dissatisfied  1-Very Dissatisfied

**If dissatisfied, please explain:**

**3. Are you satisfied that you were given information about other people or agencies that could assist you?**

5-Very Satisfied  4-Satisfied  3-Neutral  2-Dissatisfied  1-Very Dissatisfied

**4. How satisfied are you that the reason for closing your case was clearly explained?**

5-Very Satisfied  4-Satisfied  3-Neutral  2-Dissatisfied  1-Very Dissatisfied

**5. How satisfied are you with your overall experience with Vocational Rehabilitation?**

5-Very Satisfied  4-Satisfied  3-Neutral  2-Dissatisfied  1-Very Dissatisfied

**6. Please add any additional comments about your experience with VR. If additional space is needed, please use the back of this survey.**

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**Thank you for your comments!**



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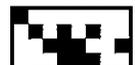
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**CONSUMER SATISFACTION SURVEY - REGION 85 08**

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

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**CONSUMER SATISFACTION SURVEY - REGION 81 30**

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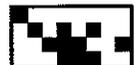
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SFN 58399 (9-2006)

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5-Very Satisfied     4-Satisfied     3-Neutral     2-Dissatisfied     1-Very Dissatisfied

**2. How satisfied are you that your job goal matches your needs, ideas, interests, skills and abilities?**

5-Very Satisfied     4-Satisfied     3-Neutral     2-Dissatisfied     1-Very Dissatisfied

**3. How satisfied are you with the assistance your counselor provided to help you make an informed decision about your job goal?**

5-Very Satisfied     4-Satisfied     3-Neutral     2-Dissatisfied     1-Very Dissatisfied

**4. If you are working now, how satisfied are you with your job?**

*Not Working Now*

5-Very Satisfied     4-Satisfied     3-Neutral     2-Dissatisfied     1-Very Dissatisfied

**5. When you first came to VR, what did you expect?**

**6. Did VR services meet your expectations?**     Yes     No

If No, what could we have done differently?

**7. How satisfied are you with your overall experience with Vocational Rehabilitation?**

5-Very Satisfied     4-Satisfied     3-Neutral     2-Dissatisfied     1-Very Dissatisfied

**8. Please add any additional comments about your experience with VR. If additional space is needed, please use the back of this survey.**

**Thank you for your comments!**

**OPTIONAL:**

May we contact you as a reference regarding your experience with VR Services?     Yes     No

Name	Address		
Telephone Number	City	State	ZIP Code



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**Thank you for your comments!**

**OPTIONAL:**

May we contact you as a reference regarding your experience with VR Services?  Yes  No

Name	Address		
Telephone Number	City	State	ZIP Code

14067



**CONSUMER SATISFACTION SURVEY - REGION 83 26**

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES  
VOCATIONAL REHABILITATION  
SFN 58399 (9-2006)

Please let us know how your experience was with Vocational Rehabilitation (VR). If you prefer to respond by telephone, please call 1-800-755-2745 or TTY/TDD 701-328-8968. A postage-paid return envelope is enclosed for your convenience.

Examples: Correct      
Incorrect

- 1. How satisfied are you with the courtesy and respect shown by the VR staff?  
 5-Very Satisfied     4-Satisfied     3-Neutral     2-Dissatisfied     1-Very Dissatisfied
- 2. How satisfied are you that your job goal matches your needs, ideas, interests, skills and abilities?  
 5-Very Satisfied     4-Satisfied     3-Neutral     2-Dissatisfied     1-Very Dissatisfied
- 3. How satisfied are you with the assistance your counselor provided to help you make an informed decision about your job goal?  
 5-Very Satisfied     4-Satisfied     3-Neutral     2-Dissatisfied     1-Very Dissatisfied
- 4. If you are working now, how satisfied are you with your job?  
 5-Very Satisfied     4-Satisfied     3-Neutral     2-Dissatisfied     1-Very Dissatisfied  
 *Not Working Now*

5. When you first came to VR, what did you expect?

6. Did VR services meet your expectations?  Yes     No  
If No, what could we have done differently?

7. How satisfied are you with your overall experience with Vocational Rehabilitation?  
 5-Very Satisfied     4-Satisfied     3-Neutral     2-Dissatisfied     1-Very Dissatisfied

8. Please add any additional comments about your experience with VR. If additional space is needed, please use the back of this survey.

**Thank you for your comments!**

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May we contact you as a reference regarding your experience with VR Services?  Yes     No

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**CONSUMER SATISFACTION SURVEY - REGION 84 26**

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES  
VOCATIONAL REHABILITATION  
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**CONSUMER SATISFACTION SURVEY - REGION 85 26**

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES  
VOCATIONAL REHABILITATION  
SFN 58399 (9-2006)

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**CONSUMER SATISFACTION SURVEY - REGION 86 26**

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

VOCATIONAL REHABILITATION

SFN 58399 (9-2006)

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**4. If you are working now, how satisfied are you with your job?**

*Not Working Now*

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Name		Address	
Telephone Number	City	State	ZIP Code

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**CONSUMER SATISFACTION SURVEY - REGION 87 26**

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES  
VOCATIONAL REHABILITATION  
SFN 58399 (9-2006)

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**4. If you are working now, how satisfied are you with your job?**

*Not Working Now*

5-Very Satisfied     4-Satisfied     3-Neutral     2-Dissatisfied     1-Very Dissatisfied

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If No, what could we have done differently?

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**8. Please add any additional comments about your experience with VR. If additional space is needed, please use the back of this survey.**

**Thank you for your comments!**

**OPTIONAL:**

May we contact you as a reference regarding your experience with VR Services?     Yes     No

Name	Address		
Telephone Number	City	State	ZIP Code

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**CONSUMER SATISFACTION SURVEY - REGION 88 26**

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES  
VOCATIONAL REHABILITATION  
SFN 58399 (9-2006)

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5-Very Satisfied  4-Satisfied  3-Neutral  2-Dissatisfied  1-Very Dissatisfied

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*Not Working Now*

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**Thank you for your comments!**

**OPTIONAL:**

May we contact you as a reference regarding your experience with VR Services?  Yes  No

Name	Address		
Telephone Number	City	State	ZIP Code



**CONSUMER SATISFACTION SURVEY - REGION 81 28**

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES  
VOCATIONAL REHABILITATION  
SFN 58399 (9-2006)

Please let us know how your experience was with Vocational Rehabilitation (VR). If you prefer to respond by telephone, please call 1-800-755-2745 or TTY/TDD 701-328-8968. A postage-paid return envelope is enclosed for your convenience.

Examples: Correct      
Incorrect

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**2. How satisfied are you that your job goal matches your needs, ideas, interests, skills and abilities?**

5-Very Satisfied     4-Satisfied     3-Neutral     2-Dissatisfied     1-Very Dissatisfied

**3. How satisfied are you with the assistance your counselor provided to help you make an informed decision about your job goal?**

5-Very Satisfied     4-Satisfied     3-Neutral     2-Dissatisfied     1-Very Dissatisfied

**4. If you are working now, how satisfied are you with your job?**

5-Very Satisfied     4-Satisfied     3-Neutral     2-Dissatisfied     1-Very Dissatisfied  
 **Not Working Now**

**5. When you first came to VR, what did you expect?**

**6. Did VR services meet your expectations?**  Yes     No

If No, what could we have done differently?

**7. How satisfied are you with your overall experience with Vocational Rehabilitation?**

5-Very Satisfied     4-Satisfied     3-Neutral     2-Dissatisfied     1-Very Dissatisfied

**8. Please add any additional comments about your experience with VR. If additional space is needed, please use the back of this survey.**

**Thank you for your comments!**

**OPTIONAL:**

May we contact you as a reference regarding your experience with VR Services?  Yes     No

Name	Address		
Telephone Number	City	State	ZIP Code

14067



**CONSUMER SATISFACTION SURVEY - REGION 82 28**

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES  
VOCATIONAL REHABILITATION  
SFN 58399 (9-2006)

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Incorrect

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 *Not Working Now*

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If No, what could we have done differently?

7. How satisfied are you with your overall experience with Vocational Rehabilitation?

5-Very Satisfied     4-Satisfied     3-Neutral     2-Dissatisfied     1-Very Dissatisfied

8. Please add any additional comments about your experience with VR. *If additional space is needed, please use the back of this survey.*

**Thank you for your comments!**

**OPTIONAL:**

May we contact you as a reference regarding your experience with VR Services?  Yes  No

Name	Address		
Telephone Number	City	State	ZIP Code



**CONSUMER SATISFACTION SURVEY - REGION 83 28**

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES  
VOCATIONAL REHABILITATION  
SFN 58399 (9-2006)

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**OPTIONAL:**

May we contact you as a reference regarding your experience with VR Services?  Yes  No

Name	Address		
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**CONSUMER SATISFACTION SURVEY - REGION 84 28**

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES  
VOCATIONAL REHABILITATION  
SFN 58399 (9-2006)

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**OPTIONAL:**

May we contact you as a reference regarding your experience with VR Services?  Yes  No

Name	Address		
Telephone Number	City	State	ZIP Code



**CONSUMER SATISFACTION SURVEY - REGION 85 28**

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES  
VOCATIONAL REHABILITATION  
SFN 58399 (9-2006)

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**CONSUMER SATISFACTION SURVEY - REGION 86 28**

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**CONSUMER SATISFACTION SURVEY - REGION 87 28**

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SFN 58399 (9-2006)

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**CONSUMER SATISFACTION SURVEY - REGION 88 28**

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