**CONSUMER ASSESSMENT FOLLOW UP**

We are very interested in your comments. As you think about your assessment and the time you spent with your evaluator, please complete this form so we can collect information about our program. Any suggestions on how we can improve our services will be welcomed and appreciated.

**Your Name**: (optional) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The assessment results were helpful to make some decisions about work options. YES NO

Comments or Suggestions:

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2. I learned about myself as it relates to job options. YES NO

Comments or Suggestions:

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3. Options were explained to me in a way that I understand. YES NO

Comments or Suggestions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Overall, I was generally satisfied with the assessment services. YES NO

Comments or Suggestions:

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**Please mail to: Dr. Connie McReynolds, Director**

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