



SURVEY/EVALUATION OF SERVICES FORM

Please fill out form and return immediately to the Independent Living Center. This form is required to complete your case files. This information and data are very important when advocating for support to continue providing programs and services for our communities. Thank you for your time.

Consumer Name: _____ Date: _____

What Services were you seeking? _____ Were other services offered? _____

- 1. The services and information provided met your expectations?
2. The CIL assisted me in achieving my goals?
3. I am more independent now after working with the CIL?
4. Would you recommend the CIL to others?
5. The CIL provides high quality service?
6. Did the services you received increase you and your family's independence?
7. Will you be able to maintain your independence after working with ILC?
8. Did you take an active part in establishing your IL Plan and Goals?
9. Did ILC provide information, resources, and assist you in achieving your goals?
10. Are you interested in further programs offered by ILC?

If "YES" Please explain: _____

11. Did you feel ILCNCO was easily accessible? _____

12. How would you rate your overall experience? _____

13. How will services received from ILC be used in everyday life?

- o Living in the community
o Not relying on family/friends as much
o Controlling my own life
o Making my own decisions
o Knowing how to advocate for myself
o Managing my disability
o Other

14. Please comment on your overall experience with ILC staff and the delivery of services:

15. Would you be interested in continuing participation in the group? _____

(a) If "YES" What if anything would you change? _____