



*Independent  
Living  
Center*

Independent Living Center of North Central Ohio Inc.  
680 Park Avenue West, Suite G2  
Mansfield, OH 44906  
419-526-6770

## 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?  Agree  Disagree  Neutral
2. The CIL assisted me in achieving my goals?  Agree  Disagree  Neutral
3. I am more independent now after working with the CIL?  Agree  Disagree  Neutral
4. Would you recommend the CIL to others?  Agree  Disagree  Neutral
5. The CIL provides high quality service?  Agree  Disagree  Neutral
6. Did the services you received increase you and your family's independence?  Yes  No
7. Will you be able to maintain your independence after working with ILC?  Yes  No
8. Did you take an active part in establishing your IL Plan and Goals?  Yes  No
9. Did ILC provide information, resources, and assist you in achieving your goals?  Yes  No
10. Are you interested in further programs offered by ILC?  Yes  No

If "YES" Please explain: \_\_\_\_\_

11. Did you feel ILCNCO was easily accessible?  Yes  No

12. How would you rate your overall experience?  Excellent  Good  Fair  Poor

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

- Living in the community
- Not relying on family/friends as much
- Controlling my own life
- Making my own decisions
- Knowing how to advocate for myself
- Managing my disability
- 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 program/group?  Yes  No

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

\_\_\_\_\_