## REFERRAL SOURCE ASSESSMENT FOLLOW UP <local CDC> KANSAS REHABILITATION SERVICES CAREER DEVELOPMENT CENTERS <staff initials optional>

We are very interested in your comments. As you review the report, 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:	Consumer Name:		
1) The assessment results were helpful to make some decisions about work options or to develop vocational plan.			
Comments or Suggestic	ons:	YES	NO
2) I felt I was informed throughout the assessment.		YES	NO
Comments or Suggestic	ons:		
3) Overall, I was generally satisfied with the assessment services.		YES	NO
Comments or Suggestic	ons:		
4) The assessment answered my questions.		YES	NO
Comments or Suggestic	ons:		
Please mail to Te Career	erri Mattison Development Center 901 Westchester Salina, KS 67401		
or FAX to	785-827-4199		
or e-mail feedback to	<u>stlm@srs.ks.gov</u>		