

HVRP Manual Sample Forms

*This a sample form and **does not** mean NVTAC or US DOL-VETS endorses this form as required, or as an approved form. This form was one of many that were collected from service providers and is only intended to help program planners develop forms and tools that will serve the needs of their program.*

HVRP Service Satisfaction Survey

Veteran Name:		Date:		
HVRP counselor Name:				
HVRP Supervisor Name:				
	<input type="checkbox"/>	Completed at Job Placement		
	<input type="checkbox"/>	Completed at 90 Day retention		
	<input type="checkbox"/>	Completed at 180 Day retention		
<p>The intent of this survey is to continuously provide quality employment services to our participants. This form is required to be completed by the veteran at placement or retention. Please take a moment to evaluate your experience with the job developer assigned to assist you to reach your vocational goals.</p>				
For each item identified below, check the number to the right that best fits your judgment of its quality.	Poor 1	Fair 2	Good 3	Excellent 4
1. I feel that the amount and type of services I received from my HVRP counselor were adequate to meet my employment goal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Services from my HVRP counselor were provided in a prompt manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The services from my HVRP counselor were accessible to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I would recommend the services from my HVRP counselor to a friend.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am satisfied with the services I received from my HVRP counselor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: