



Client: _____ Date: _____
Interview Facilitator(s): _____

CLIENT INTERVIEW
Community Integration Training
FY 2018/2019

1. Do you like being in day program? YES NO Please explain.

2. Are you learning what you want to? YES NO Please explain.

3. Do you like your goals? YES NO Please explain.

4. Are you comfortable at your meetings? YES NO

5. Are you learning to advocate/speak for yourself and make your own decisions?
 YES NO Please explain.

6. Do you have input on what you do each day? YES NO Please explain.

7. Do you like your worksite(s)? YES NO Please explain.

8. Do you like the people you work with in your group? YES NO Please explain.

9. Are you happy with how you get to work/program? YES NO Please explain.

10. Is there any kind of equipment you do not have (helpful devices/adaptive equipment) that you need at program? YES NO Please explain.

11. If you needed to talk with someone in addition to your staff person, do you know how to do that?
 YES NO Please explain.

12. Anything new you want to add to your current schedule YES NO Please explain

Thank you for your input which helps us strive to exceed your expectations.
Please return this survey by mail, fax, or hand delivery to any CIS staff person.

FOLD HERE FOR MAILING



Community Interface Services
2621 Roosevelt Street
Carlsbad, CA 92008-1660

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DO NOT STAPLE - PLEASE TAPE