



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

CLIENT INTERVIEW
Community Support Facilitation
FY 2018/2019

1. Are you happy with the community support facilitation services that you received?
 YES NO Please explain.

2. Did the activities presented to you match your interests? YES NO Please explain.

3. Were the resources presented to you helpful? YES NO Please explain.

4. Have you/do you plan to access any of the activities within the next month?
 YES NO Please explain.

5. What activity did you most enjoy/look forward to participating in?
Please explain.

6. If your staff went to an activity with you, were you happy with the outcome at the event? YES NO N/A Please explain.

7. Further Comments or Suggestions:

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