



**Regional Center / Department of Rehabilitation
Referring Agency Satisfaction Survey**

Company: _____

Date: _____

1. Do Lincoln Training Center staff conduct themselves in a professional manner, i.e., case managers, intake counselors, management, and office personnel?
 Always Most of the time Some of the time Not enough of the time

Comments: _____

2. Are services/responses provided in a timely manner?
 Always Most of the time Some of the time Not enough of the time

Comments: _____

3. Has it been your experience that Lincoln Training Center staff follow the appropriate procedures regarding transportation/safety/emergency issues?
 Always Most of the time Some of the time Not enough of the time

Comments: _____

4. Do you feel confident that the clients you refer to Lincoln Training Center receive quality services, and are provided with choices?
 Always Most of the time Some of the time Not enough of the time

Comments: _____

5. Do you feel that the clients you refer to Lincoln Training Center work in a comfortable, safe work setting?
 Always Most of the time Some of the time Not enough of the time

Comments: _____

6. Do you have any suggestions on how Lincoln Training Center could improve our services to you and the clients you refer to our Program?

Comments: _____

