

Evaluation of Services Survey (ESS) – SVSE

Thank you for your help. This form is voluntary. All information is anonymous and will not be used to make decisions about your services now or in the future.

Instructions: Please circle the number that describes how you feel.

Today's Date: _____

	<i>Does Not Apply</i>	Strongly Disagree	Somewhat Disagree	Slightly Disagree	Slightly Agree	Somewhat Agree	Strongly Agree
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A. About these services:

1. This program helped meet my needs.	0	1	2	3	4	5	6
2. I was given information and referrals for other services that I may need.	0	1	2	3	4	5	6
3. I was given information on how the laws can help protect me.	0	1	2	3	4	5	6
4. I was given actual steps I can use to help keep me safe.	0	1	2	3	4	5	6
5. If I need help in the future, I would come to this program again.	0	1	2	3	4	5	6

B. Staff at this program:

1. Treated me with respect.	0	1	2	3	4	5	6
2. Supported me in my making my own decisions.	0	1	2	3	4	5	6
3. Explained things in ways I could understand.	0	1	2	3	4	5	6

C. After visitation/exchange at this center:

1. I had a more positive visit with my children because of the center.	0	1	2	3	4	5	6
2. I felt safer from abuse while at the center.	0	1	2	3	4	5	6
3. A staff member was available to answer my questions.	0	1	2	3	4	5	6
4. The center had games and activities my child enjoyed.	0	1	2	3	4	5	6
5. The center was clean and comfortable.	0	1	2	3	4	5	6
6. How many times did you use this center?	0	1	2	3	4	5	6+

Client please provide the following information:

<p>Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender</p> <p>Age: <input type="checkbox"/> 17 or younger <input type="checkbox"/> 45-54 <input type="checkbox"/> 18-24 <input type="checkbox"/> 55-64 <input type="checkbox"/> 25-34 <input type="checkbox"/> 65 or older <input type="checkbox"/> 35-44</p> <p>Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino</p> <p>Race: <input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Other Race</p>	<p>Sexual orientation: <input type="checkbox"/> Heterosexual/ Straight <input type="checkbox"/> Gay/Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Queer/Other</p> <p>Number of Children: _____</p> <p>Marital Status: <input type="checkbox"/> Never married <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Common Law</p> <p>Highest Level of Education: <input type="checkbox"/> 8th grade or less <input type="checkbox"/> Some college <input type="checkbox"/> 9th -12th grade non-graduate <input type="checkbox"/> College graduate <input type="checkbox"/> High school graduate or GED <input type="checkbox"/> Advanced degree</p>
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PROGRAM USE ONLY – *Required completion with Survey Identifier

*Agency Name: _____ *visit count: _____ *Date: _____