

# ***SURVEY of DVR CUSTOMERS***

Developing a plan, in a plan and closed plans

By

STATE REHABILITATION COUNCIL  
2006



*PLEASE RETURN YOUR COMPLETED QUESTIONNAIRE IN THE ENCLOSED ENVELOPE TO:*

WASHINGTON STATE UNIVERSITY  
SOCIAL & ECONOMIC SCIENCES RESEARCH CENTER  
PO Box 641801  
PULLMAN, WA 99164-1801

OR

COMPLETE THE SURVEY AT:

<http://www.sesrc.wsu.edu/websurvey/DVRplan>

**Q1. How familiar are you with the Washington State Division of Vocational Rehabilitation and its services?** *(Please circle the number of your answer.)*

- 1 Very familiar
- 2 Somewhat familiar
- 3 Not very familiar

*The Division of Vocational Rehabilitation is a statewide resource for people with disabilities. DVR assists individuals with disabilities in getting and keeping a job. DVR is a state and federally-sponsored program. DVR works with its customers, vendors, and the community to develop and implement Individual Plans for Employment that suit the customers strengths, abilities, and interests.*

*By law, when DVR cannot serve everyone who is eligible for and wants services, they must determine the order in which people are served based on disability-related criteria, as evaluated by a DVR counselor. Individuals with the most significant disabilities are served first, followed by individuals with significant disabilities, and last, all other individuals with disabilities.*

**Q2. How long did you have to wait to receive services from the Division of Vocational Rehabilitation?**

\_\_\_\_\_ number of months

\_\_\_\_\_ number of years

**Q3. Is this about as long as you expected to wait, or is it longer, or shorter than you expected to have to wait?**

- 1 Shorter than I expected to wait
- 2 About as long as I expected to wait
- 3 Longer than I expected to wait
- 4 Not sure

**Q4. In general, how satisfied are you with the Washington State Division of Vocational Rehabilitation?** *(Please circle the number of your answer.)*

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Neutral
- 4 Somewhat dissatisfied
- 5 Very dissatisfied

**Q5. Generally, is your opinion of Division of Vocational Rehabilitation employees ...**  
*(Please circle the number of your answer.)*

- 1 Very favorable
- 2 Somewhat favorable
- 3 Somewhat unfavorable
- 4 Very unfavorable
- 5 Not sure

**Q6. How would you compare the quality of service you received from the Division of Vocational Rehabilitation in 2005 with the quality of service received in previous years? Would you say that the quality of service received in 2005 was ...** *(Please circle the number of your answer.)*

- 0 Did not receive services in previous years
- 1 Much better
- 2 A little better
- 3 The same
- 4 A little worse
- 5 Much worse
- 6 No opinion or not applicable

**Q7. Generally, is your opinion of Washington State government employees ...** *(Please circle the number of your answer.)*

- 1 Very favorable
- 2 Somewhat favorable
- 3 Somewhat unfavorable
- 4 Very unfavorable
- 5 Not sure

**Q8. How do you usually contact the Division of Vocational Rehabilitation?**

- 1 In person
- 2 By telephone
- 3 By letter, fax communication, or email
- 4 Internet
- 5 Other *(Please specify.)* \_\_\_\_\_

**Q9. In general, how often have contacts with the Division of Vocational Rehabilitation been handled. . .** *(Please circle one number for each.)*

	Always	Usually	Sometimes	Rarely	Never	Don't Know
A. Courteously .....	1	2	3	4	5	6
B. Quickly .....	1	2	3	4	5	6
C. Helpfully .....	1	2	3	4	5	6

**Q10. To what extent do you Agree or Disagree that the information provided during these contacts was . . . (Please circle one number for each.)**

	Strongly Agree ▼	Somewhat Agree ▼	Somewhat Disagree ▼	Strongly Disagree ▼	Don't Know ▼
A. Consistent .....	1	2	3	4	5
B. Useful .....	1	2	3	4	5
C. Complete .....	1	2	3	4	5
D. Understandable.....	1	2	3	4	5

**Q11. When you contact the Division of Vocational Rehabilitation, what is a reasonable amount of time for the Division to acknowledge the receipt of your request?**

	Same Day ▼	Next Day ▼	2 Days ▼	Within 1 Week ▼	Within 2 Weeks ▼	Don't Know ▼
A. Telephone .....	1	2	3	4	5	6
B. Email .....	1	2	3	4	5	6
C. Letter.....	1	2	3	4	5	6

**Q12. Please tell us how satisfied you are with the current level of service provided by the Division of Vocational Rehabilitation.**

	Very Satisfied ▼	Somewhat Satisfied ▼	Somewhat Dissatisfied ▼	Very Dissatisfied ▼	Don't Know ▼
A. Phone calls returned .....	1	2	3	4	5
B. Email messages acknowledged	1	2	3	4	5
C. Letters acknowledged .....	1	2	3	4	5

**Q13. Did you receive any testing from the Division of Vocational Rehabilitation?**

- 1 Yes
- 2 No → **Skip to Q16**

**Q14. How valuable was the testing process to your learning more about your individual strengths and direction? (Please circle the number of your answer.)**

- 1 Very valuable
- 2 Somewhat valuable
- 3 Not very valuable
- 4 Not sure or not applicable

**Q15. How satisfied are you with the results of the testing process you went through with the Division of Vocational Rehabilitation?**

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Somewhat dissatisfied
- 4 Very dissatisfied
- 5 Not sure or not applicable

**Q16. Listed below are several statements about possible interactions with the *Washington State Division of Vocational Rehabilitation*. Please indicate how much you Agree or Disagree with each statement. (Please circle one number for each.)**

	Strongly Agree ▼	Somewhat Agree ▼	Somewhat Disagree ▼	Strongly Disagree ▼	Don't Know ▼
A. I received services in my plan quickly.....	1	2	3	4	5
B. I chose the job goal on my plan.....	1	2	3	4	5
C. If DVR could not provide a service that I needed I was given information about other programs that could help me .....	1	2	3	4	5
D. During my involvement with DVR, I received enough information from my counselor or rehab tech, to be able to decide what I needed to go to work .....	1	2	3	4	5
E. My counselor or rehab tech explained what DVR services were available so I could choose what was necessary to reach my goal .....	1	2	3	4	5
F. When I needed services from someone other than DVR staff, I chose the service provider to use .....	1	2	3	4	5
G. When I worked with DVR staff other than my counselor, the staff were helpful .....	1	2	3	4	5

**Q17. Please tell us how satisfied you are with the current level of service provided by the Division of Vocational Rehabilitation. (Please circle one number for each reason.)**

	Very Satisfied ▼	Somewhat Satisfied ▼	Somewhat Dissatisfied ▼	Very Dissatisfied ▼	Don't Know ▼
A. The time frame for obtaining and receiving services .....	1	2	3	4	5
B. The amount of input you had in the VR process .....	1	2	3	4	5
C. The assessment and testing of your skills and interests .....	1	2	3	4	5
D. Your ability to ask questions during the VR process .....	1	2	3	4	5
E. The kinds of answers and recommendations you received	1	2	3	4	5
F. The kind of job in which you were placed.....	1	2	3	4	5

**Q18. Were you made aware of the Client Assistance Program (CAP)?**

- 1 Yes
- 2 No → **Skip to Q21**

**Q19. Did you participate in the Client Assistance Program (CAP)?**

- 1 Yes
- 2 No → **Skip to Q21**

**Q20. How satisfied are you with the results of the Client Assistance Program (CAP)?**

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Somewhat dissatisfied
- 4 Very dissatisfied
- 5 Not sure or not applicable

**Q21. Do you have any specific suggestions for improving rehabilitation services in Washington State?** (Please use the space below.)

**Q22. Do you have any specific suggestions for improving customer input into the Division of Vocational Rehabilitation’s planning process?** (Please use the space below.)

**Q23. Listed below are several statements about how responsive your counselor or rehab tech from the *Washington State Division of Vocational Rehabilitation* was. Please indicate how much you Agree or Disagree with each statement. (Please circle one number for each.)**

<b>Strongly Agree</b>	<b>Somewhat Agree</b>	<b>Somewhat Disagree</b>	<b>Strongly Disagree</b>	<b>Don't Know</b>
▼	▼	▼	▼	▼

**My counselor or rehab tech was Responsive to me by . .**

A. Returning my phone calls.....	1	2	3	4	5
B. Listening to me.....	1	2	3	4	5
C. Answering my questions .....	1	2	3	4	5
D. Understanding the problems that I face.....	1	2	3	4	5
E. Addressing my complaints or concerns about services.....	1	2	3	4	5

**Q24. Overall, how satisfied are you with the way your vocational rehabilitation plan of services was developed or is being developed?**

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Somewhat dissatisfied
- 5 Very dissatisfied

**Q25. How strongly would you agree or disagree with each of the following statements about the plan of services for your rehabilitation?**

	Strongly Agree ▼	Somewhat Agree ▼	Somewhat Disagree ▼	Strongly Disagree ▼	Don't Know ▼
A. You actively participated in developing the plan .....	1	2	3	4	5
B. The plan reflects individualized services which meet your specific needs .....	1	2	3	4	5
C. Your counselor spent adequate time and resources in developing the plan .....	1	2	3	4	5
D. The plan reflects your intentions and expectations for rehabilitation .....	1	2	3	4	5
E. You and your counselor included services in the plan to assist you in addressing barriers that arise in your workplace .....	1	2	3	4	5
F. The plan adequately reflects your interests, aptitudes, and abilities .....	1	2	3	4	5
G. The plan has helped you gain marketable skills that increase your employability .....	1	2	3	4	5
H. The plan was designed with potential employment/employers in mind .....	1	2	3	4	5

**Q26. Overall, how well are the rehabilitation services that you are receiving or have received meeting your expectations?**

- 1 Much better than expected
- 2 Better than expected
- 3 Just as expected
- 4 Worse than expected
- 5 Much worse than expected
- 6 Not sure

**Q27. How strongly do you feel that the services provided by the Division of Vocational Rehabilitation are helping or have helped to prepare you for a job?**

- 1 Strongly agree
- 2 Somewhat agree
- 3 No opinion
- 4 Somewhat disagree
- 5 Strongly disagree

**Q28. Listed below are several aspects of your interaction with the Division of Vocational Rehabilitation. For each one, please indicate how much you Agree or Disagree with the statement. (Please circle one number for each.)**

	Strongly Agree ▼	Somewhat Agree ▼	Somewhat Disagree ▼	Strongly Disagree ▼	Don't Know ▼
A. My initial contact with the agency was warm and welcoming.....	1	2	3	4	5
B. My meeting(s) began promptly at the scheduled time.....	1	2	3	4	5
C. The meeting place was comfortable and private.....	1	2	3	4	5
D. The process for applying and receiving services was logical and orderly.....	1	2	3	4	5
E. The person with whom I met understood my vocational needs.....	1	2	3	4	5
F. The person with whom I met offered immediate assistance in meeting my vocational needs.....	1	2	3	4	5
G. The person with whom I met made me feel valued and respected.....	1	2	3	4	5
H. The person with whom I met understood the strengths I bring to my vocational rehabilitation plan.....	1	2	3	4	5
I. After my initial contact, I felt a sense of belonging from this office.....	1	2	3	4	5
J. I have always felt respected by people in this office.....	1	2	3	4	5

**Q29. In your opinion is there ONE thing the Division of Vocational Rehabilitation could do to improve service?**

- 1 yes (please describe.) \_\_\_\_\_
- 2 no

**Q30. If you had a choice of how to conduct transactions with the Division of Vocational Rehabilitation, which ONE of these would be your MOST preferred way:**

- 1 In-person transactions at an office
- 2 By telephone
- 3 On the Internet
- 4 By mail

**Q31. If you were doing a report card on the Division of Vocational Rehabilitation, what grade would you give?**

- 1 A
- 2 B
- 3 C
- 4 D
- 5 F
- 6 Don't Know

**Q32. If you were doing a report card on all of Washington State government, what grade would you give?**

- 1 A
- 2 B
- 3 C
- 4 D
- 5 F
- 6 Don't Know

**Q33. Do you have Internet access?**

- 1 Yes
- 2 No → **Skip to Q36**
- 3 Plan to have access shortly → **Skip to Q36**

**Q34. In the past year, have you accessed the web site of the Division of Vocational Rehabilitation (<http://www1.dshs.wa.gov/dvr/>)?**

- 1 Yes
- 2 No → **Skip to Q36**

**Q35. Please rate the usefulness of the Division of Vocational Rehabilitation's web site.**

- 1 Very useful
- 2 Somewhat useful
- 3 No opinion
- 4 Not very useful
- 5 Not useful at all

**Q36. Are you . . . ?**

- 1 Male
- 2 Female
- 3 Transgender

**Q37. What race or ethnic background do you consider yourself?**

- 1 Black or African-American
- 2 Native American or Indian
- 3 Asian or Pacific Islander
- 4 White or Caucasian
- 5 Hispanic or Latino/Latina
- 6 Other Ethnicity/or Ethnicities \_\_\_\_\_

**Q38. What is the highest year in school or degree that you have COMPLETED?**

*(Please circle only ONE answer.)*

- |                         |   |    |            |           |           |   |   |   |
|-------------------------|---|----|------------|-----------|-----------|---|---|---|
| Elementary School ..... | 1 | 2  | 3          | 4         | 5         | 6 | 7 | 8 |
| High School .....       | 9 | 10 | 11         | 12        | GED       |   |   |   |
| Trade School .....      | 1 | 2  |            |           |           |   |   |   |
| Community College ....  | 1 | 2  | Associates |           |           |   |   |   |
| Four-Year College ..... | 1 | 2  | 3          | 4         | Bachelors |   |   |   |
| Graduate School .....   | 1 | 2  | Masters    | Doctorate |           |   |   |   |

**Q39. What is your current employment situation?**

- 1. Employed full-time
- 2. Employed part-time
- 3. Self employed
- 4. Not employed, but looking for employment
- 5. Not employed, and not looking for employment
- 6. In school
- 7. Full time home maker
- 8. Retired
- 9. Other

**Q40. Last, we want to ask how you completed this questionnaire. Did you . . .**

1. Complete it by yourself
2. Complete it with help from someone who is paid to assist you
3. Complete it with help from someone else
4. Other \_\_\_\_\_  
(please describe)

**Thank you for taking the time to complete this questionnaire. Your assistance in providing this information is very much appreciated. If there is anything else you would like to tell us about this survey or the services and products provided by the Washington State Division of Vocational Rehabilitation, please do so below or on a separate piece of paper.**

Please return your completed questionnaire in the envelope provided to:

Social & Economic Sciences Research Center  
Washington State University  
PO Box 641081  
Pullman, WA 99164-1801