

SCSEP Host Agency Customer Satisfaction Survey

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HOST AGENCY CUSTOMERS

The Older Worker Program, also known as the Senior Community Service Employment Program (SCSEP), wants to provide the highest quality services to its customers. You can help improve services by answering the following questions about your experiences as a host agency over the last twelve months. Please be completely honest. Your answers are strictly confidential. No one in the agency will see your individual responses.

Please fill in your response to each answer like this: NOT this

Choose the number on the scale below each question that best represents your opinion. The last two questions allow you to express your ideas about the program in your own words. Thank you in advance for your help.

1. Utilizing the scale below, what is your overall satisfaction with the services provided by the Older Worker Program/SCSEP? (Choose one number)

Very
dissatisfied

Very
satisfied Didn't
receive

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10 ○ 90

2. Considering all of the expectations you may have had about the services of the Older Worker Program/SCSEP, to what extent have the services met your expectations? (Choose one number)

Fall
short

Exceed Didn't receive

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10 ○ 90

3. Now, think about the ideal services for people in your circumstances. How well do you think the services you received compare with the ideal services? (Choose one number)

Not at all
close

Very
close Didn't
receive

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10 ○ 90

4. The Older Worker Program/SCSEP staff make the process of assigning participants easy for me. (Choose one number)

Strongly
disagree

Strongly
agree Don't
know

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10 ○ 90

Please continue on other side

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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Completion of this survey is completely voluntary, and information collected will be kept private to the extent permitted by law and used for program evaluation purposes only. Thank you for your participation. If you have any comments regarding this estimate or any other aspect of this survey, including suggestions for reducing this burden; please send them to the U.S. Department of Labor, Office of Workforce Investment, Room C-4510, 200 Constitution Avenue, NW, Washington, DC 20210. (Please do **not** return surveys to this address.)

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11. The Older Worker Program/SCSEP staff stay in touch with my agency throughout the assignment to make sure it goes well. (Choose one number)

Strongly disagree	Strongly agree	Don't know
<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 90		

12. Do any of the older workers assigned to your agency require supportive services, such as assistance with transportation, uniforms, safety equipment, or health services, to be successful in their assignments? (Choose one answer)

None	Few	Many	Nearly all	Don't know
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 9

13. Has the Older Worker Program/SCSEP removed any participants from your agency before you thought they were ready to leave? (Choose one number)

Never	Occasionally	Frequently	Nearly always	Don't know
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 9

14. Has your agency requested that the Older Worker Program/SCSEP remove a participant because the participant was not working out?

Yes No Don't know

15. How has your participation in the Older Worker Program/SCSEP affected the amount of services your agency provides to the community? (Choose one answer)

Decreased significantly	Somewhat decreased	Neither decreased nor increased	Somewhat increased	Increased significantly	Don't know
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 9

16. What is most valuable to you about the Older Worker Program/SCSEP?

Please continue on other side 

17. Based on your experience, what changes would you recommend for the Older Worker Program/SCSEP?

Thank you for taking the time to complete this survey.