

**JUMPSTART PROGRAM
CLIENT EVALUATION OF COMMUNITY PARTNERS**

*In an effort to ensure the quality of services from our Community Partners, we would appreciate an evaluation of your overall experience. **This evaluation is confidential.***

Name of Community Partner: _____
Community Partner location: _____
Name of the person who provided the services: _____
Name of the GTF Career Coach: _____

From a 5 point scale, 1 being the lowest and 5 the highest, please rate the questions.

_____ Did the Community Partner provide services in a timely manner?
_____ Rate the quality of the material of information you received from the
Community Partner?
_____ What is your assessment of the professionalism of the Community Partner?
_____ Overall satisfaction of the person who provided the services?
_____ Overall satisfaction of the organization of the Community Partner?
_____ Overall impression of the cleanliness of the environment.

If you received a Job Readiness service, please rate your overall satisfaction of each component of the Job Readiness, from a 5 point scale, 1 being the lowest and 5 the highest on the scale.

_____ Resume writing
_____ Cover letters
_____ Interviewing skills
_____ Networking tips and resources
_____ Job leads
_____ Americans with disabilities (ADA) information
_____ What is your overall satisfaction of the Job Readiness services?

Please list any comments and suggestions for improvement: _____

Of all the services provided, what was the **most** helpful? _____

Of all of the services provided, what was the **least** helpful? _____

Client Name: _____ **Date:** _____

Please print this form, fill it out, and fax it to:

Attn: JumpStart Program

Fax #: 770.457.7916

*If you have any questions, contact JumpStart at 678-514-1183
or email JumpStart@GATransplant.org*