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