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*