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Alabama Department of Rehabilitation Services

A Satisfaction Survey of Consumers
who are Blind or Severely Visually Impaired

Title I - Section 110
FY 2012

Background

The Alabama Department of Rehabilitation Services (ADRS) is the state agency designated to provide rehabilitation services to adults who are blind or severely visually impaired under the Rehabilitation Act of 1973, as amended (PL 105-220). ADRS is recognized by the Rehabilitation Services Administration (U. S. Department of Education) as the sole state agency to administer a State Plan under Section 110 of the Rehabilitation Act of 1973, as amended. ADRS was formed by the Alabama Legislature in January of 1995 when the vocational rehabilitation program was moved from the State Department of Education. ADRS continues to work closely through a unique partnership between the State Rehabilitation Council (SRC) and the Blind Advisory Council, which collaborate with ADRS to provide valuable input to the State Board relative to the administrative codes and rules necessary to regulate Alabama's vocational rehabilitation (VR) service delivery system. The Vocational Rehabilitation Service division of ADRS served 31,320 Alabamians with disabilities in FY 2012, delivering the necessary individualized services to prepare them to enter the workforce in their pursuit of self-sufficiency and independence. The mission of ADRS is "to enable Alabama's children and adults with disabilities to achieve their maximum potential" by assisting Alabamians with disabilities at home, in school, and on the job. The agency is typically able to serve all eligible consumers and does not operate under an Order of Selection.

While the Vocational Rehabilitation Service (VRS) helps Alabamians with a variety of disabilities achieve independence through employment, the Division of Blind and Deaf Services provides assistance through a statewide VR service delivery system to individuals who are blind or severely visually impaired. In FY 2012, the Blind Services program
provided employment related services to 1,654 individuals with significant visual impairments. The U.S. Census Bureau provides estimates of the number of people in Alabama who report having a vision difficulty. These estimates are based on data collected over a three-year period (2009 to 2011). This information is provided by large age groups and by county. A table of the working age adult population (age 18 to 64 years) who report a vision difficulty, by county, is provided below. Note that only 49 of the 67 counties had data available.

Table 1: Estimates of working age population with a vision difficulty

<table>
<thead>
<tr>
<th>County</th>
<th>Population 18 to 64 years</th>
<th>Number with a Vision Difficulty</th>
<th>Percent with a Vision Difficulty</th>
<th>Margin of Error</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autauga</td>
<td>32,394</td>
<td>1,011</td>
<td>3.1%</td>
<td>+/-0.9</td>
</tr>
<tr>
<td>Baldwin</td>
<td>108,446</td>
<td>1,918</td>
<td>1.8%</td>
<td>+/-0.4</td>
</tr>
<tr>
<td>Barbour</td>
<td>14,783</td>
<td>651</td>
<td>4.4%</td>
<td>+/-1.4</td>
</tr>
<tr>
<td>Bibb</td>
<td>14,038</td>
<td>255</td>
<td>1.8%</td>
<td>+/-1.5</td>
</tr>
<tr>
<td>Blount</td>
<td>34,799</td>
<td>1,059</td>
<td>3.0%</td>
<td>+/-0.8</td>
</tr>
<tr>
<td>Butler</td>
<td>12,255</td>
<td>365</td>
<td>3.0%</td>
<td>+/-1.1</td>
</tr>
<tr>
<td>Calhoun</td>
<td>73,208</td>
<td>2,708</td>
<td>3.7%</td>
<td>+/-0.7</td>
</tr>
<tr>
<td>Chambers</td>
<td>20,524</td>
<td>796</td>
<td>3.9%</td>
<td>+/-1.3</td>
</tr>
<tr>
<td>Cherokee</td>
<td>15,602</td>
<td>452</td>
<td>2.9%</td>
<td>+/-1.4</td>
</tr>
<tr>
<td>Chilton</td>
<td>26,617</td>
<td>675</td>
<td>2.5%</td>
<td>+/-1.0</td>
</tr>
<tr>
<td>Clarke</td>
<td>15,158</td>
<td>328</td>
<td>2.2%</td>
<td>+/-1.2</td>
</tr>
<tr>
<td>Coffee</td>
<td>28,764</td>
<td>515</td>
<td>1.8%</td>
<td>+/-0.5</td>
</tr>
<tr>
<td>Colbert</td>
<td>32,800</td>
<td>899</td>
<td>2.7%</td>
<td>+/-0.7</td>
</tr>
<tr>
<td>Covington</td>
<td>22,089</td>
<td>1,136</td>
<td>5.1%</td>
<td>+/-1.3</td>
</tr>
<tr>
<td>Cullman</td>
<td>48,527</td>
<td>1,101</td>
<td>2.3%</td>
<td>+/-0.6</td>
</tr>
<tr>
<td>Dale</td>
<td>27,993</td>
<td>1,147</td>
<td>4.1%</td>
<td>+/-1.0</td>
</tr>
<tr>
<td>Dallas</td>
<td>25,841</td>
<td>1,189</td>
<td>4.6%</td>
<td>+/-1.2</td>
</tr>
<tr>
<td>DeKalb</td>
<td>42,717</td>
<td>1,125</td>
<td>2.6%</td>
<td>+/-0.7</td>
</tr>
<tr>
<td>Elmore</td>
<td>45,537</td>
<td>1,205</td>
<td>2.6%</td>
<td>+/-0.7</td>
</tr>
<tr>
<td>Escambia</td>
<td>21,393</td>
<td>588</td>
<td>2.7%</td>
<td>+/-1.1</td>
</tr>
<tr>
<td>Etowah</td>
<td>63,172</td>
<td>1,782</td>
<td>2.8%</td>
<td>+/-0.7</td>
</tr>
<tr>
<td>County</td>
<td>Population</td>
<td>Blind</td>
<td>Blind Prevalence</td>
<td>Margin of Error</td>
</tr>
<tr>
<td>------------</td>
<td>------------</td>
<td>-------</td>
<td>------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Franklin</td>
<td>18,967</td>
<td>782</td>
<td>4.1%</td>
<td>+/-1.4</td>
</tr>
<tr>
<td>Geneva</td>
<td>15,862</td>
<td>813</td>
<td>5.1%</td>
<td>+/-2.0</td>
</tr>
<tr>
<td>Houston</td>
<td>61,068</td>
<td>1,496</td>
<td>2.4%</td>
<td>+/-0.3</td>
</tr>
<tr>
<td>Jackson</td>
<td>32,307</td>
<td>1,216</td>
<td>3.8%</td>
<td>+/-0.9</td>
</tr>
<tr>
<td>Jefferson</td>
<td>412,755</td>
<td>8,703</td>
<td>2.1%</td>
<td>+/-0.2</td>
</tr>
<tr>
<td>Lauderdale</td>
<td>56,928</td>
<td>1,460</td>
<td>2.6%</td>
<td>+/-0.6</td>
</tr>
<tr>
<td>Lawrence</td>
<td>21,190</td>
<td>411</td>
<td>1.9%</td>
<td>+/-0.7</td>
</tr>
<tr>
<td>Lee</td>
<td>95,122</td>
<td>1,997</td>
<td>2.1%</td>
<td>+/-0.5</td>
</tr>
<tr>
<td>Limestone</td>
<td>48,805</td>
<td>1,315</td>
<td>2.7%</td>
<td>+/-0.6</td>
</tr>
<tr>
<td>Macon</td>
<td>13,788</td>
<td>810</td>
<td>5.9%</td>
<td>+/-1.7</td>
</tr>
<tr>
<td>Madison</td>
<td>212,356</td>
<td>3,905</td>
<td>1.8%</td>
<td>+/-0.3</td>
</tr>
<tr>
<td>Marengo</td>
<td>12,279</td>
<td>548</td>
<td>4.5%</td>
<td>+/-1.6</td>
</tr>
<tr>
<td>Marion</td>
<td>17,618</td>
<td>1,020</td>
<td>5.8%</td>
<td>+/-1.7</td>
</tr>
<tr>
<td>Marshall</td>
<td>55,418</td>
<td>1,514</td>
<td>2.7%</td>
<td>+/-0.8</td>
</tr>
<tr>
<td>Mobile</td>
<td>251,541</td>
<td>6,201</td>
<td>2.5%</td>
<td>+/-0.4</td>
</tr>
<tr>
<td>Monroe</td>
<td>13,470</td>
<td>314</td>
<td>2.3%</td>
<td>+/-1.0</td>
</tr>
<tr>
<td>Montgomery</td>
<td>139,899</td>
<td>3,825</td>
<td>2.7%</td>
<td>+/-0.4</td>
</tr>
<tr>
<td>Morgan</td>
<td>72,880</td>
<td>2,437</td>
<td>3.3%</td>
<td>+/-0.7</td>
</tr>
<tr>
<td>Pike</td>
<td>21,840</td>
<td>543</td>
<td>2.5%</td>
<td>+/-1.0</td>
</tr>
<tr>
<td>Randolph</td>
<td>13,514</td>
<td>432</td>
<td>3.2%</td>
<td>+/-1.3</td>
</tr>
<tr>
<td>Russell</td>
<td>31,735</td>
<td>1,133</td>
<td>3.6%</td>
<td>+/-1.3</td>
</tr>
<tr>
<td>St. Clair</td>
<td>51,272</td>
<td>1,354</td>
<td>2.6%</td>
<td>+/-0.7</td>
</tr>
<tr>
<td>Shelby</td>
<td>123,798</td>
<td>2,092</td>
<td>1.7%</td>
<td>+/-0.3</td>
</tr>
<tr>
<td>Talladega</td>
<td>49,178</td>
<td>1,691</td>
<td>3.4%</td>
<td>+/-0.8</td>
</tr>
<tr>
<td>Tallapoosa</td>
<td>24,946</td>
<td>744</td>
<td>3.0%</td>
<td>+/-0.9</td>
</tr>
<tr>
<td>Tuscaloosa</td>
<td>131,117</td>
<td>2,192</td>
<td>1.7%</td>
<td>+/-0.3</td>
</tr>
<tr>
<td>Walker</td>
<td>40,558</td>
<td>1,590</td>
<td>3.9%</td>
<td>+/-0.7</td>
</tr>
<tr>
<td>Winston</td>
<td>14,425</td>
<td>531</td>
<td>3.7%</td>
<td>+/-1.7</td>
</tr>
<tr>
<td>All Counties</td>
<td>2,929,292</td>
<td>77,776</td>
<td>2.7%</td>
<td>+/-0.1</td>
</tr>
</tbody>
</table>

^ Answered yes to: “Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?”
Of the consumers with a significant visual impairment served during FY 2012, 245 cases were closed rehabilitated and 150 were closed non-rehabilitated, with those closed due to death removed. These numbers are similar to the closures in recent years, other than the number closed unsuccessfully in 2010. As discussed in the FY 2010 report, the number of consumers closed unsuccessfully that year was much larger than usual. This was the result of a directive by ADRS to close inactive cases in FY 2010. ADRS has been and will continue to focus more closely on quality of services to consumers, rather than quantity of consumers served. This represents a major philosophical transition for ADRS.

Those closed as successfully rehabilitated typically achieved an employment outcome. An employment outcome means, with respect to an individual, entering or retaining full-time or part-time competitive employment in the integrated labor market; supported employment; self-employment; or any other type of employment that is consistent with an individual’s strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.

Blind Services also assists Alabama employers to maximize their resources by hiring qualified blind and visually impaired job applicants. Vocational Rehabilitation counselors visit worksites to assess job tasks and perform job analyses to identify positions that can be performed by qualified blind workers. ADRS routinely consults with employers about concerns regarding hiring persons who are blind or visually impaired, and provides disability awareness and sensitivity training to other employees. Certified Vision Rehabilitation Therapists (CVRTs), (formerly called Rehabilitation Teachers) provide assistance with job readiness and independent living skills to ensure success in employment while Orientation and Mobility (O&M) specialists assist Blind Services consumers in gaining independent travel skills and orientation to the work environment.

Blind Services provides a wide variety of services throughout the state, including:

- vocational guidance and counseling
- vocational evaluation to determine skills, abilities and potential to work
- vocational training
- transition services
• adaptive equipment
• rehabilitation teaching
• orientation and mobility
• job placement assistance
• rehabilitation technology services
• college or university training

The majority of blind and visually impaired consumers in Alabama receive these services from counselors who maintain specialized caseloads of consumers with visual impairments, although a small number do receive services from counselors serving a general caseload. For the majority of FY 2012, there were 12 counselors actively serving blind and visually impaired consumers across the state. One counselor position is currently open and will be filled in FY 2013. During FY 2012, the counselors had average caseloads of approximately 139 individuals.

Evaluation Requirements

Traditionally, vocational rehabilitation agencies have been evaluated using quantitative measures, such as the percentage of cases closed successfully, the percentage of successfully closed cases placed in competitive employment, and the percentage of severely disabled clients served. However, a thorough program evaluation of any human service agency should also include consumer feedback and opinions about the services received (Russell, 1990). Consumer satisfaction is mentioned several times in the Rehabilitation Act of 1973, as amended. Section 14 of the Act requires the Secretary of the U.S. Department of Education to evaluate all of the programs authorized under the Rehabilitation Act. One of the federal program evaluation standards associated with this focuses on consumer satisfaction (i.e., that the opinions of program and project participants about the strengths and weaknesses of the programs and projects shall be obtained). Section 101, which covers State Plans, indicates that the development of the state plan should include a review and analysis of consumer satisfaction data. Section 105, which covers State Rehabilitation Councils, indicates that one function of the council is to evaluate the consumers’ satisfaction with the agency. Section 107, covering Monitoring and Review of agencies, instructs the Rehabilitation Services Administration Commissioner to consider consumer satisfaction review and analyses in his or her evaluation of state agencies. In order to
meet these requirements for consumer satisfaction data, ADRS entered into a contractual agreement with the Rehabilitation Research and Training Center (RRTC) on Blindness and Low Vision at Mississippi State University to conduct a consumer satisfaction survey of all successfully rehabilitated Blind Services closures. One of the recommendations made in the FY 2007 report was that consumers closed “not rehabilitated” (i.e., closed without an employment outcome for reasons such as refused services; unable to locate, contact or moved; death, etc.) also be surveyed as part of the consumer satisfaction study. This recommendation was accepted, and since FY 2008 all consumers closed by ADRS have been surveyed.

**Consumer Satisfaction Survey**

Consumer satisfaction data can be used by VR agencies in a number of ways for several different purposes, including improving services for consumers, planning programs, evaluating counselors and providing feedback, and identifying staff training needs (Capella & Turner, 2004). Although ADRS has conducted random sample consumer satisfaction surveys since 1989, there was a consensus that all successfully closed blind and visually impaired consumers should be surveyed to improve categorical services. In an effort to develop a survey instrument that could be used by the agency for this purpose, several meetings were held between ADRS administrative staff and RRTC personnel during 2006. ADRS wanted several items from the consumer satisfaction survey used with the general population of consumers to be retained on the new survey (including a rating of satisfaction with specific services received). In addition, various demographic data elements were included to match the RSA-911 dataset and an 18-item scale specific to satisfaction with the counselor (taken from the Vocational Rehabilitation Consumer Satisfaction Instrument developed by Dr. McDonnall [Capella & Turner, 2004]) was included as part of the final instrument. Once the survey was finalized, a copy was submitted to the Institutional Review Board (IRB) for the protection of human subjects at Mississippi State University (MSU) and IRB approval to conduct the research was obtained.

The original survey developed during these meetings was used for FY 2006. Discussion between ADRS administrative staff and RRTC personnel during the administration of the survey in 2006 resulted in some changes to the survey instrument and interview procedure for FY 2007. These changes included the addition of five new questions, a space for the
counselor number to be recorded and, in order to streamline the interview process, the obtainment of demographic data from case files rather than from the individual. Minor changes have occurred to the survey each year since that time, such as the addition of an item asking respondents to explain why they were not satisfied with specific services (if they reported dissatisfaction with one or more services). In an ongoing effort to improve services to consumers and respond to consumers who are dissatisfied, an item was added in FY 2010 to ask respondents who express dissatisfaction if ADRS may contact them. In 2012 four questions were added regarding satisfaction with the counselor, at the request of ADRS. A copy of the instrument used for the FY 2012 survey is located in Appendix A.

ADRS Blind Services provided consumer names, telephone numbers and RSA-911 data for all of their closures during FY 2012 (October 1, 2011 - September 30, 2012). The first three months’ data were obtained in January of 2012 and efforts were made to contact each consumer beginning that month. Additional closure information was provided by ADRS as it became available. At least three attempts were made to contact each consumer by phone. Calls were placed at different times of the day and different days of the week to each person, with at least one call occurring on the weekend. When possible, a message was left including a number to which a return call could be made. If the person could not be reached in three (or more) attempts, they were classified as “unable to contact.” Several people were also unreachable because of problems with their phone numbers, such as a disconnected number or an incorrect number listed for them.

ADRS provided 395 consumer names (excluding those consumers whose cases were closed due to death) to contact for interviews. Of the 395, 89 (22.5%) were unreachable due to problems with their phone numbers (e.g., disconnected, no longer at residence, incorrect number). Thirty-eight percent of the non-rehabilitated and 13.1% of the rehabilitated closures were unreachable. A total of 13 (3.3%) were reached but declined to participate in the interview, 1 (0.4%) could not participate due to inability to communicate in English, and 120 (30.4%) could not be reached after multiple attempts. Interviews were completed with 172 consumers for an overall response rate of 43.5%. Of the 172 interviewed, 142 were rehabilitated and 30 were not rehabilitated. When removing the consumers who were unreachable due to problems with their phone numbers, the response rate for the survey was 56.2%. A substantially higher percentage
of rehabilitated consumers than non-rehabilitated completed the survey (58% and 20%, respectively).

Table 2
Demographics of Respondents versus Non-Respondents

<table>
<thead>
<tr>
<th>Variable</th>
<th>Respondents</th>
<th>Non-Respondents</th>
<th>Percent Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>48.8</td>
<td>48.9</td>
<td>43.5</td>
</tr>
<tr>
<td>Female</td>
<td>51.2</td>
<td>51.1</td>
<td>43.6</td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black/African American</td>
<td>37.8</td>
<td>49.8</td>
<td>36.9</td>
</tr>
<tr>
<td>White</td>
<td>62.2</td>
<td>49.8</td>
<td>49.1</td>
</tr>
<tr>
<td>Other</td>
<td>0.0</td>
<td>0.5</td>
<td>0.0</td>
</tr>
<tr>
<td>Impairment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blind (unable to read print)</td>
<td>9.9</td>
<td>13.5</td>
<td>36.2</td>
</tr>
<tr>
<td>Legally Blind</td>
<td>43.0</td>
<td>28.3</td>
<td>54.0</td>
</tr>
<tr>
<td>Other Visual Impairment</td>
<td>43.6</td>
<td>56.1</td>
<td>37.5</td>
</tr>
<tr>
<td>Deaf-Blindness</td>
<td>3.5</td>
<td>2.2</td>
<td>54.6</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 30</td>
<td>18.8</td>
<td>24.9</td>
<td>36.8</td>
</tr>
<tr>
<td>30-39</td>
<td>18.8</td>
<td>16.7</td>
<td>46.4</td>
</tr>
<tr>
<td>40-49</td>
<td>17.7</td>
<td>19.0</td>
<td>41.7</td>
</tr>
<tr>
<td>50-59</td>
<td>24.1</td>
<td>24.9</td>
<td>42.7</td>
</tr>
<tr>
<td>60 and over</td>
<td>20.6</td>
<td>14.5</td>
<td>52.2</td>
</tr>
</tbody>
</table>

Note: All numbers are percentages.

The demographics of the consumers who responded to the survey were compared to the demographics of the consumers closed in FY 2012 who did not complete the survey, to determine if any differences existed between these groups (see Table 2). Table 2 has three columns of data: percentage of respondents, percentage of non-respondents, and percent complete. For each overall variable (e.g., Gender), the percentages for the respondents and non-respondents columns of each category under that variable (e.g., Male and Female) will sum to 100%. This can be interpreted to mean, for example, that 48.8% of the 172 consumers who responded to the survey were male and 51.2% were female. The percent complete column represents the percentage of the total number of people in that category who responded to the survey, of the total number who could have
responded. For example, 43.6% of the total number of females and 43.5% of the total number of males closed in FY 2012 completed the survey this year.

**Results**

*Characteristics of Respondents*

There were a few substantial differences in the demographics of respondents versus non-respondents. Whites were much more likely to respond than African Americans. Only one consumer from another minority group was closed by Blind Services this year, and that person did not provide a response. Consumers who are totally blind or had other visual impairments were less likely to respond than those who are legally blind or deaf-blind. Persons aged 60 and over were more likely to respond than younger persons, and those under age 30 were the least likely to respond. The differences in response rates seen here in terms of race and age are the same as those commonly found in survey research. It is important to keep these differences in mind when evaluating the results of this survey.

Respondents ranged in age from 17 to 87. Of the 172 consumers who completed surveys, a large majority were closed successfully (142 [82.6%] compared to 30 [17.4%] who were not rehabilitated). The majority of those closed rehabilitated were competitively employed (81.7%), while 5.6% were self-employed, 9.2% were homemakers, and 2.8% were food service operators under the Business Enterprise Program (BEP). Of those closed not rehabilitated, 46.8% had an Individualized Plan for Employment (IPE) in place. Reasons for unsuccessful closures were, in order of frequency: refused services (41.4%); unable to locate (31.0%); other (17.2%); and failure to cooperate (10.3%). A large majority of respondents reported having some usable vision (89.0%). Of those with usable vision, 10.5% reported having “very little vision,” 50.3% reported having “some vision” and 39.2% reported having “a lot of vision.”

Of the 142 respondents who were closed successfully, 90.1% were closed with an employment outcome. Respondents were asked whether they were currently employed at the time of the interview. A percentage (23.3%) of those closed not rehabilitated reported being employed at the time of the interview. Considering only rehabilitated consumers who were closed successfully into employment (excluding homemakers), 10.9%
(n=14) reported that they were not currently employed. These persons were asked how long they had worked at the job they had when their case was closed, and responses ranged from three months to 20 years. Half of the respondents reported that they held their closure job for less than six months. When asked why they were not working, many respondents indicated it was due to a disability or health problem (46.2%). Another 23.1% stated that they lost their job or retired, and 15.4% indicated it was due to their visual deficits. A small majority of those who reported not currently being employed would like to work (54.2%).

Those who reported being currently employed were asked how many hours they worked each week and what their job titles were. The average number of hours worked was 32.61 (SD=11.49), with a minimum of 6 hours and a maximum of 60 hours per week. The types of jobs held by those currently employed varied widely. A list of the job titles provided by respondents is located in Appendix B.

**Satisfaction with Counselor**

Consumers’ satisfaction with their counselors was assessed using a subscale from the Vocational Rehabilitation Consumer Satisfaction Instrument (Capella, 2002). The 18 items on this scale are worded as statements with which consumers are asked to agree or disagree. Responses are rated on a 5-point Likert scale (Strongly Agree to Strongly Disagree). Individual items are scored with values from –2 to 2, with positive values indicating satisfaction and negative values indicating dissatisfaction. Approximately half of the items are worded positively and half are worded negatively, to avoid acquiescent response set. Those items that are worded negatively are reverse scored, so that positive scores always reflect greater satisfaction. Items were summed to create a total score on the scale, which can range from -36 to 36.

The range of scores on the Satisfaction with Counselor scale for ADRS respondents closed during FY 2012 was -23 to 36. The most commonly occurring score was 36, with 41 people expressing complete satisfaction with their counselors. The overall average score this year was 24.95 (SD=13.87), based on 169 respondent ratings. Two respondents indicated that they could not answer the questions due to lack of contact with the counselors, and one person did not answer all of the counselor items. Average Satisfaction with Counselor scores for each individual
counselor for the blind are provided in Table 3. In Table 4 (on page 12), average Satisfaction with Counselor scores are provided by type of counselor (blind caseload and general caseload) and by district.

Table 3

<table>
<thead>
<tr>
<th>Caseload</th>
<th>Percent complete</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>Minimum</th>
<th>Maximum</th>
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<tbody>
<tr>
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<td>14</td>
<td>25.47</td>
<td>13.88</td>
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<td>3</td>
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<td>1.15</td>
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<td>-16</td>
<td>36</td>
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<tr>
<td>D</td>
<td>62.5</td>
<td>15</td>
<td>23.47</td>
<td>13.15</td>
<td>-8</td>
<td>36</td>
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<td>7</td>
<td>20.43</td>
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<td>-23</td>
<td>36</td>
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<td>F</td>
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<td>14</td>
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<td>18</td>
<td>36</td>
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<tr>
<td>H</td>
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<td>29.38</td>
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<tr>
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<td>10</td>
<td>22.30</td>
<td>12.28</td>
<td>-2</td>
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<td>17.70</td>
<td>18.66</td>
<td>-14</td>
<td>36</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>43.6</strong></td>
<td><strong>163</strong></td>
<td><strong>24.74</strong></td>
<td><strong>13.90</strong></td>
<td><strong>-23</strong></td>
<td><strong>36</strong></td>
</tr>
</tbody>
</table>

Note. Percent complete represents percent of consumers closed on that caseload who had counselor scores available.

The average score of 24.95, which represents an overall mean per item of 1.39, indicates that consumers are generally satisfied with their counselors. The overall scale mean score from this year was higher than the average scores in 2011, 2010, and 2009 (23.53, 19.61, and 20.04, respectively). The average score for consumers closed rehabilitated this year (\(M=26.71, \text{SD}=12.10\)) was slightly higher than the average scores for this group in the past five years. When evaluating individual rather than average scores on the scale, it was noted that 9.5% of respondents indicated dissatisfaction with their counselors (a score of 0 or less), 13% expressed partial dissatisfaction and partial satisfaction with their counselors (scores ranging from 1 to 17), and the remaining 77.5% expressed satisfaction with their counselors (scores of 18 or above).

The three items that received the highest ratings by consumers
indicating greater satisfaction) were related to personal interactions the counselor had with the consumer and information provision. The first and third items on the list were two of the highest-rated during FY 2011. The second item has never appeared as one of the highest rated before.

1. My counselor had a negative attitude towards me. (Item 12*)
2. My counselor did not keep me informed of what was being done with my case. (Item 11*)
3. My counselor really listened to me. (Item 1)

* Note that these items are reverse scored, therefore high scores indicate that consumers were very likely to disagree or strongly disagree with them.

Table 4
Average Satisfaction with Counselor Scores by Counselor Type and District

<table>
<thead>
<tr>
<th>Variable</th>
<th>Percent complete</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>Min.</th>
<th>Max.</th>
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<tbody>
<tr>
<td>Counselor Type</td>
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<td></td>
<td>General</td>
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<td>6</td>
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<td>12.58</td>
<td>5</td>
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<tr>
<td>District</td>
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<td>58.0</td>
<td>27</td>
<td>25.48</td>
<td>15.93</td>
<td>36</td>
</tr>
<tr>
<td></td>
<td>21</td>
<td>37.8</td>
<td>78</td>
<td>23.55</td>
<td>14.66</td>
<td>36</td>
</tr>
<tr>
<td></td>
<td>41</td>
<td>57.6</td>
<td>34</td>
<td>27.29</td>
<td>10.86</td>
<td>36</td>
</tr>
<tr>
<td></td>
<td>61</td>
<td>38.1</td>
<td>24</td>
<td>24.15</td>
<td>13.06</td>
<td>36</td>
</tr>
</tbody>
</table>

The three items that received the lowest scores (indicating less satisfaction with counselors in these areas), were related to provision of services and information. Even though these were the lowest-rated items, the means for each were 1.19 or above, indicating satisfaction by most consumers.

1. My counselor returned my phone calls promptly. (Item 9)
2. My counselor decided which services I would receive, without input from me. (Item 8)
3. My counselor did not approve all the services I needed to help me obtain employment. (Item 16)

Group comparisons on overall Satisfaction with Counselor scores were conducted based on closure type (rehabilitated versus not rehabilitated), type of rehabilitated closure, current employment, gender, race, and level of vision loss. Two significant differences were found this year. As in past years, respondents who were closed rehabilitated had a
significantly higher level of satisfaction with their counselors (M=26.71, SD=12.10) than those who were closed not rehabilitated (M=16.43, SD=18.34). A significant difference based on current employment was also found this year, when evaluating only those with an employment outcome at closure. Those persons who had an employment outcome at closure but did not report working at the time of the interview were significantly less satisfied with their counselors (M=17.79, SD=17.32 versus M=28.12, SD=10.69). Lack of differences based on race, gender, and age indicates that ADRS is providing equitable services to these groups of consumers.

**Additional Counselor Items**

At the request of ADRS, four additional counselor items were included in the survey this year. These questions are being asked of all consumers served by the agency to assess satisfaction with their counselor. The four questions and their results are provided in Table 5.

**Table 5**  
**New Counselor Satisfaction Items**

<table>
<thead>
<tr>
<th>Item</th>
<th>Percent “Yes”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did your VR Counselor make an effort to provide and arrange services to you in a timely manner?</td>
<td>93.0</td>
</tr>
<tr>
<td>Did your VR Counselor involve you when planning services to reach your employment goal?</td>
<td>89.2</td>
</tr>
<tr>
<td>Were you able to contact your VR Counselor when needed?</td>
<td>88.8</td>
</tr>
<tr>
<td>Did your VR Counselor treat you with courtesy and respect during your program?</td>
<td>97.7</td>
</tr>
</tbody>
</table>

**Satisfaction with Services**

Respondents were asked about their satisfaction level with each of the specific services that they received from ADRS. Their responses (for each service category that included 5 or more people) are provided in the form of bar charts and a narrative description on the following pages. In the charts, results are divided by type of closure when at least 5 people in each category responded to the item. In the narrative description, results are reported overall, for both groups combined. When significant differences
between the groups were noted in satisfaction for a service, this was discussed in the narrative. A common difference between the groups found on most services was that consumers closed not rehabilitated were more likely to report being “satisfied” rather than “very satisfied” with the services, compared to consumers closed rehabilitated. If respondents expressed dissatisfaction with one or more services they were provided, they were asked to explain why. Responses to this item are presented at the end of the narrative description.

A narrative description of satisfaction with those services that had fewer than 5 people receiving them is provided in the following paragraph. In order to compare satisfaction level with services for 2012, 2011, and 2010, a table was prepared that presents the percentage of respondents satisfied with each service (this includes those who reported being very satisfied or satisfied). This table is presented on page 34. Some consumers reported that they did not receive a service that was listed for them. These people were removed from the percentage totals provided for each of the bar charts, but are reported in the narrative that accompanies the charts and are also reported in Table 7 (on page 35).

There were four services that were received by fewer than five respondents. None of the consumers interviewed received two of these services: Interpreter Services and Personal Attendant Services. Two people received Basic Academic Remedial/Literacy Training: one was very satisfied and one was satisfied. Two people received Reader Services: one was very satisfied and one was satisfied with this service also.
A total of 119 respondents were asked about their satisfaction with Assessment. One person indicated that he/she did not receive this service. The majority were very satisfied (n=58, 49%) or satisfied (n=56, 47%). A small number were not satisfied: 4 (3%) reported being dissatisfied and 1 (1%) were very dissatisfied. Reasons given for being dissatisfied with assessment included:

“I didn’t think it was thorough.”
“I was misjudged in my personality and my visual impairment.”
“I wasn’t given the opportunities to view different types of equipment to broaden my choice for my vision. Didn’t get anything in person, but did not demand”
“No one gave me an opportunity to see what I was able to do.”
“There was no outcome from the beginning.”
Case narratives of 56 respondents indicated that they received Diagnosis and Treatment of Impairments as one of their services. One of these consumers reported that he/she did not receive this service. Of the remaining 55 consumers, almost all were very satisfied (n=23, 41%) or satisfied (n=30, 53%). Three people reported dissatisfaction with this service: 2 were dissatisfied (4%) and 1 was very dissatisfied (2%). Reasons given for being dissatisfied with diagnosis and treatment were:

“Because I was looking for my improvement to be better than what it is.”
“They gave me the runaround on paperwork, while all along they had the paperwork there. Also, my case was closed too soon. My counselor was not truthful with me.”

*Note: In this chart and all charts on the following pages, the narrative description reports percentages for all consumers combined, while most graphs report percentages for consumers separated by closure type.*
Vocational Rehabilitation Counseling and Guidance

A total of 169 respondents were asked about their satisfaction with Vocational Rehabilitation Counseling and Guidance. Five people indicated that they did not receive this service. Of the remaining 164, 91 (55%) were very satisfied, 63 (38%) were satisfied, 8 (5%) were dissatisfied, and 2 (1%) were very dissatisfied with this service. The following are responses given by consumers about why they were dissatisfied:

“They were not supportive.”
“Too little contact and guidance.”
“Everyone was being paid but me.”
“I never felt like there was enough follow-through.”
“It was too difficult to reach her or have my calls returned. It would take several calls.”
“He was smart talking.”
“Verbal interest was expressed, but hands on was never followed up with. Personal attention was not given. There was a lack of interest on his part.”
College or University Training

A total of 19 respondents reportedly received College or University Training as one of their services, but one of these consumers stated that he/she did not receive this service. Of the remaining respondents, 16 were closed with an employment outcome and 2 were not. All of them were satisfied with this service: 13 reported being very satisfied (72%) and 5 reported being satisfied (28%).
Case narratives for 9 respondents indicated that they had received Occupational/Vocational Training as a service. One person reported that he/she did not receive this service. The 8 remaining consumers, all closed rehabilitated, were either very satisfied (n=3, 38%) or satisfied (n=5, 63%) with this service.
On the Job Training

A total of 15 respondents received On the Job Training. All respondents were satisfied with this service: 9 (60%) were very satisfied and 6 (40%) were satisfied. Only 2 of the 15 respondents were closed not rehabilitated.
Job Readiness Training

Case narratives of 51 respondents indicated they received Job Readiness Training as a service. Of these, 9 reported that they did not receive this service. Of the remaining 42 consumers, most were very satisfied (n=19, 45%) or satisfied with this service (n=19, 45%). A small number were not satisfied: 3 (7%) reported being dissatisfied and 1 (2%) was very dissatisfied. As illustrated in the chart, persons closed not rehabilitated were more likely to report dissatisfaction with job readiness training. The following reasons for dissatisfaction with this training were given:

“My case did not receive the level of attention for me to achieve my full potential.”
“It never led to a job.”
“He only told me about one job and it was 25 miles away.”
“Bad timeframe.”
Disability Related Augmentative Skills Training

Case narratives of 42 respondents indicated that they received Disability Related Augmentative Skills Training as one of their services. Most consumers reported being very satisfied (n=24, 57%) or satisfied (n=16, 38%) with the service, while 2 consumers (5%) were dissatisfied. Only 3 of the 42 respondents were closed not rehabilitated.
Orientation and Mobility

This service is not reported on the case narrative form but the interviewer was instructed to ask people if they had received it. A total of 71 people reported receiving orientation and mobility training. A large majority were very satisfied (n=48, 68%) or satisfied (n=22, 31%) with this service, while one person (1%) reported being dissatisfied. The reason given for dissatisfaction was: “It wasn’t long enough and classes were cancelled.”
Rehabilitation Teaching Services

This service is also not reported on the case narrative form but respondents were asked whether they had received it. Sixty-seven people reported receiving rehabilitation teaching training, and most were very satisfied (n=39; 58%) or satisfied (n=27; 40%) with it. One person (1.5%) expressed dissatisfaction with this service. The reason given for dissatisfaction was: “There were too many people involved. No one knew what was going on since it was a new driving program.”
Braille Instruction

This service is not reported on the case narrative form either; therefore all respondents were asked whether they had received it. A total of 38 respondents indicated that they received Braille instruction. Nineteen (50%) reported being very satisfied and 19 (50%) reported being satisfied.
A total of 55 respondents were asked about their satisfaction with Miscellaneous Training services. Of these, 5 people indicated that they did not receive this service. Of the remaining 50, 23 (46%) were very satisfied and 27 (54%) were satisfied.
Job Search Assistance

A total of 35 respondents reportedly received Job Search Assistance. However, 3 of the 35 stated that they did not receive this service. All of those who received the service were closed rehabilitated. Of the remaining 32 respondents, 15 (47%) reported being very satisfied, 15 (47%) reported being satisfied with this service, and 2 (6%) reported being dissatisfied with this service. The following reasons were given for dissatisfaction with this service:

“I only had one interview.”
“The one job they got me was too hard for me physically.”
Job Placement Assistance

Records indicate that 31 respondents received Job Placement Assistance as a service, all of which were closed rehabilitated. Four people reported that they did not receive this service. Of the remaining 27 consumers, most were either very satisfied (n=13, 48%) or satisfied (n=10, 37%) with this service. A small number reported being dissatisfied (n=3, 11%) or very dissatisfied (n=1, 4%). Reasons given for dissatisfaction were:

“I was disappointed that I was not helped more.”
“They could not find anything.”
“They didn’t help me find a good and permanent job. I had to go out and find my own.”
“Same as job search assistance, the one job they got me was too hard physically.”
On-the-Job Supports
Case narratives of 55 respondents indicated that they had received On-the-Job Supports as one of their services. However, 9 of the 55 reported that they did not receive this service. Of the remaining 46 consumers, most were very satisfied (n=23, 50%) or satisfied (n=22, 48%). One person (1%) was dissatisfied with this service. The reason given for being dissatisfied was: “I asked for a secretarial-type chair, but never got one.”
Transportation Services

A total of 47 respondents were asked about their satisfaction with Transportation Services. Eleven respondents reported that they did not receive this service. Of the remaining 36 respondents, 14 (39%) were very satisfied, 18 (50%) were satisfied, 3 (8%) were dissatisfied, and 1 (3%) was very dissatisfied with this service. The following responses describe participants’ reasons for dissatisfaction with transportation services:

“I had to do it on my own. Alabama transportation sucks.”
“The cab costs too much.”
“I had to pay to get to and from classes.”
“We had problems with paratransit. Things are better now.”
Rehabilitation Technology Services

A total of 126 respondents reportedly received Rehabilitation Technology as one of their services. Four of these consumers indicated that they did not receive this service. Of the remaining 122 respondents, a large percentage reported being very satisfied (n=81, 66%) or satisfied (n=39, 32%). A very small number reported dissatisfaction with this service: 2 (2%) were dissatisfied. Reasons given for dissatisfaction were:

“They couldn’t help me with a reader so I could read my mail.”
“What they helped me with—it was still too hard to read numbers on black paint.”
Technical Assistance Services

Eleven respondents (all closed rehabilitated) received Technical Assistance as one of their services. All respondents were satisfied with the service: 8 (73%) were very satisfied and 3 (27%) were satisfied.
Information and Referral Services

A total of 38 respondents reportedly received Information and Referral Services. Five people stated that they did not receive this service. All of the remaining 33 consumers indicated satisfaction with this service: 17 (52%) were very satisfied and 16 (48%) were satisfied.
Other Services

Records indicated that 106 respondents received services that did not fall into other categories (referred to as Other Services), but four of these respondents stated that they did not receive this service. Most of the remaining 102 respondents were either very satisfied (n=36, 35%) or satisfied (n=65, 64%) with this service. One person (1%) was dissatisfied, for the following reason: “Again, I felt there was not enough follow-through.”
Table 6
Percent Satisfied with Specific Services: 2012, 2011, and 2010

<table>
<thead>
<tr>
<th>Service</th>
<th>2012 % Satisfied$^a$</th>
<th>N$^b$</th>
<th>2011 % Satisfied$^a$</th>
<th>N$^b$</th>
<th>2010 % Satisfied$^a$</th>
<th>N$^b$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment</td>
<td>95.8</td>
<td>114</td>
<td>92.6</td>
<td>100</td>
<td>95.0</td>
<td>94</td>
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<tr>
<td>Diagnosis &amp; Treatment of Impairments</td>
<td>94.6</td>
<td>53</td>
<td>90.0</td>
<td>45</td>
<td>87.5</td>
<td>56</td>
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<td>Voc. Rehabilitation Counseling &amp; Guidance</td>
<td>93.9</td>
<td>154</td>
<td>92.5</td>
<td>149</td>
<td>92.5</td>
<td>172</td>
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<tr>
<td>College or University Training</td>
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<td>92.9</td>
<td>13</td>
<td>90.9</td>
<td>20</td>
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<td>--</td>
<td>0</td>
<td>100.0</td>
<td>2</td>
</tr>
<tr>
<td>Job Readiness Training</td>
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<td>Orientation and Mobility</td>
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<td>Job Placement Assistance</td>
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<td>20</td>
<td>88.0</td>
<td>22</td>
</tr>
<tr>
<td>On The Job Supports</td>
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<td>92.3</td>
<td>36</td>
<td>93.0</td>
<td>40</td>
</tr>
<tr>
<td>Transportation Services</td>
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<td>87.1</td>
<td>27</td>
<td>74.3</td>
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<tr>
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<td>100.0</td>
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<tr>
<td>Information and Referral Services</td>
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<td>10</td>
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<td>100.0</td>
<td>85</td>
<td>100.0</td>
<td>86</td>
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</table>

$^a$Includes respondents who indicated that they were “very satisfied” or “satisfied” with a service.

$^b$N values represent the total number of people who provided a response about satisfaction with the service.
Table 7  
“Did Not Receive” Responses to Service Items

<table>
<thead>
<tr>
<th>Service</th>
<th>N</th>
<th>Percent</th>
</tr>
</thead>
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<tr>
<td>Assessment</td>
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<tr>
<td>Diagnosis and Treatment of Impairments</td>
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<td>1.8</td>
</tr>
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<td>Voc. Rehabilitation Counseling and Guidance</td>
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<tr>
<td>College or University Training</td>
<td>1</td>
<td>5.3</td>
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<tr>
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<tr>
<td>On-The-Job Training</td>
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<tr>
<td>Basic Academic Remedial or Literacy Training</td>
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<tr>
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<tr>
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<td>On The Job Supports</td>
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<td>16.4</td>
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<tr>
<td>Other Services</td>
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Miscellaneous Satisfaction Items

In addition to specific questions about satisfaction with their counselors with the services they received, consumers were asked several other questions relating to the VR experience, such as their amount of involvement in planning their rehabilitation program and whether they received all services they thought they needed. Ten additional items relating to their VR experience were included on the survey (items 19 at 21 through 29). Consumers’ responses to these items are presented in charts on the following pages.
Involvement in Planning of Rehabilitation Program
Consumers were asked about their level of involvement in the planning of their rehabilitation program (Item 19). They were given five response options: not at all involved, barely involved, somewhat involved, very involved, and completely involved. Many respondents (n=77, 45%) indicated that they were completely involved in planning their rehabilitation programs, and another 60 (35%) reported being very involved. A number of respondents felt that they did not have a great deal of involvement: 29 (17%) reported being somewhat involved, 3 (2%) reported being barely involved, and 3 (2%) reported being not at all involved. Persons closed not rehabilitated were more likely to report very limited involvement in planning their programs, but all of those who reported being “somewhat involved” were closed rehabilitated.
Receipt of Services Needed
Consumers were asked whether they had received all of the services they felt they needed (Item 21). They had the option of responding: none of them, a few of them, most of them, or all of them. A large majority of the respondents indicated that they did receive all of the services they needed (n=144, 84%). A smaller number indicated they had received most of the services needed (n=13, 8%), while some indicated they only received a few (n=9, 5%) or none (n=6, 3%) of the services needed. Those respondents closed without an employment outcome who did not have an IPE developed were more likely to indicate they did not receive any of the services they needed. Respondents who indicated they did not receive all of the services they needed were asked what services they did not receive. Although responses varied, many people indicated they did not receive the training they needed. Common areas of training mentioned were computer/AT (n=6) and braille (n=6). Several people (n=5) stated they did not receive job-related services they needed, including training. A complete list of consumers’ responses to this item is provided in Appendix C.
Rate Program Overall
Respondents were asked to rate their overall satisfaction with their rehabilitation programs (item 22) on a scale from completely dissatisfied to completely satisfied. A large majority of respondents reported being either completely satisfied (n=107, 62%) or satisfied (n=53, 31%), overall, with their programs. Approximately 7% of the respondents were not satisfied with their programs: 7 (4%) reported being dissatisfied and 5 (3%) reported being completely dissatisfied. If respondents expressed dissatisfaction with their program, they were asked why they were not satisfied. Their responses are provided on the following page.
Item 22a: Why weren’t you satisfied?

- Because my eye could be better, but it is not. I didn't have the surgery to help.
- Did not receive all the services I needed.
- I never received the equipment that was promised to me.
- I saw no results as far as job search.
- I was not given an opportunity.
- Lack of interest
- No services were provided.
- Same as above! (No help with placement or job support)
- The counselor judged me personally and was not fair.
- The counselor kept "dropping the ball" and did not keep up with things or make proper arrangements.
- The lack of follow-up.
Recommendation of Program
Consumers were asked whether they would recommend the blind rehabilitation program to their family or friends (Item 23). Response options were: “yes, completely,” “possibly,” and “no, not at all.” A large majority of respondents indicated that they would completely recommend the program to family or friends (n=162, 94%). A few respondents indicated that they would possibly recommend the program (n=5, 3%) and 5 (3%) consumers indicated that they would not recommend the program at all. Consumers closed not rehabilitated were less likely to say they would recommend the program.
Consumers were asked to rate the speed of arranging their services (Item 24). Their options were: very timely, timely, not timely, not at all timely. Most respondents reported that their services were very timely (n=83, 49%) or timely (n=71, 42%). Eighteen consumers were not satisfied with the speed of arranging their services: 6 (4%) reported that it was not timely and 10 (6%) reported that it was not at all timely. Consumers closed not rehabilitated were much more likely to indicate services were not provided in a timely manner.
Feel Better About Myself
Consumers were asked to agree or disagree with the statement: “I feel better about myself and who I am than before my VR program” (Item 25). The majority of respondents reported feeling better about themselves and who they are after receiving VR services from ADRS: 145 (86%) agreed with the statement and 24 (14%) disagreed. Consumers closed not rehabilitated were more likely to disagree with this statement.
Feel Better About My Future

Consumers were asked to agree or disagree with the statement: “I feel better about my future than before my VR program” (Item 26). The majority of respondents reported that they do feel better about their future after completing their programs: 152 (89%) agreed with the statement and 19 (11%) disagreed. Consumers closed not rehabilitated were much more likely to disagree with this statement, and consumers in this category closed without an IPE developed were more likely to disagree than those who had an IPE.
Increased Independence
Consumers were asked to agree or disagree with the statement: "I am more independent because of my VR services" (Item 27). Most respondents agreed that they gained independence as a result of their ADRS program: 145 (85%) agreed with the statement and 25 (15%) disagreed. Consumers closed not rehabilitated were much more likely to disagree with this statement.
Major Benefits Received and Suggestions for Improving Services

At the end of the survey, two open-ended questions were asked about the major benefits the consumer received from participating in the rehabilitation program and suggestions for improving services under the blind rehabilitation program (Items 28 and 29). Almost all consumers provided a response about the benefits they received and several consumers provided suggestions for improving services.

**Major Benefits Received.** Almost all of the major benefits mentioned fell into eight different categories (157 could be placed into categories, 13 could not). Many consumers did not limit themselves to only one benefit, but listed two or more important benefits received from their rehabilitation programs. The most commonly reported benefits are outlined here, in order of those most frequently to least frequently mentioned. Differences were noted in terms of major benefits reported based on closure status (rehabilitated versus not rehabilitated) and are discussed below. The entire list of benefits received, in the consumers’ own words, is provided in Appendix D.

- **Employment** – Fifty-nine consumers stated that the assistance they received with getting, maintaining, or preparing for a job was a major benefit of the program. As would be expected, a much larger percentage of persons closed rehabilitated mentioned employment as a benefit of the program (38.7% compared to 13.3%).

- **Assistive technology/equipment** – Thirty-nine consumers reported that the technology or equipment (e.g., software, reading devices, CCTV, glasses) that they received from ADRS was a major benefit of program participation. A number of people noted that the technology had helped them obtain or keep their job. A similar percentage of persons closed rehabilitated and not rehabilitated mentioned this as a major benefit (23.2% vs. 20%).

- **Training** – Thirty-three people reported that training was a major benefit they received from their rehabilitation program. The type of training mentioned included computer training, braille, mobility skills, and independent living skills. A higher percentage of consumers closed rehabilitated than non-rehabilitated reported this as a benefit (21.8% and 6.7%, respectively).

- **Increased independence** – Thirty-one respondents stated that their ability to do more things for themselves was a major benefit of the program. The majority of people indicated that their programs
increased their independence in general, and several mentioned a greater ability to get around by themselves. A higher percentage of respondents closed rehabilitated reported this as a benefit (20.4% compared to 6.7%).

- **Support/encouragement/counseling** – Seventeen consumers stated that the assistance they received from their counselors in terms of support, encouragement, and/or counseling was an important benefit of the program. A higher percentage of consumers closed not rehabilitated reported this as a benefit (20% versus 7.7%).

- **Education** – Fourteen respondents stated that the assistance they received with education (most mentioned college) was a major benefit of their program. A higher percentage of consumers closed rehabilitated mentioned this benefit (9.2% versus 3.3%).

- **Increased confidence/Feel better about self** – Eleven respondents reported that participation in the program improved their lives or helped them to feel better about themselves, including an increase in self-confidence for some people. A higher percentage of persons closed not rehabilitated reported this as a benefit of the program (10% versus 5.6% for persons closed rehabilitated).

- **Eye treatment** – Eight consumers reported that treatment they received from an eye care professional was a major benefit of their program. All consumers who reported this as a benefit were closed rehabilitated (5.6% mentioned it).

- **No benefits** – Eight consumers did not feel that they received any benefit from their rehabilitation programs. This response was much more common among those closed not rehabilitated (23.3% compared to 0.7%).

**Suggestions for Improvement.** A majority of respondents (77.3%) did not provide suggestions for improvement. Many indicated that they could not think of any ways to improve the program because they were happy with the services they received. Thirty-nine consumers offered suggestions to ADRS for improving the services of the blind rehabilitation program. Many of the suggestions for improving services can be classified into one of five categories. However, 41% of the comments could not be classified into categories. The most commonly mentioned suggestions for improvements are provided below, in order of frequency. The entire list of suggestions (in consumers’ own words) is provided in Appendix E.

- **Counselors/Maintain contact** (10 comments) – Some respondents
indicated that improvements are needed in the counselors who provided their services. Several of these comments specifically pertained to maintaining better contact with consumers and better follow-through. A similar percentage of consumers closed in each status provided these suggestions (5.6% versus 6.7%).

- **System improvements** (5 comments) – Several consumers made suggestions associated with system changes, although each comment pertained to a unique area (e.g., better system for gathering information, easier options for those who do not want to work). All of these comments were provided by consumers closed rehabilitated (3.5% made this type of suggestion).

- **More counselors** (3 comments) – A few consumers indicated that ADRS needs more counselors because they have too many consumers. All consumers making this comment were closed rehabilitated; 2.1% of them made this suggestion.

- **Increase awareness of program** (3 comments) – Several consumers felt the agency’s services were not well known enough and that more advertisement of what is available would be beneficial. These comments were all made by consumers closed rehabilitated (2.1% made this suggestion).

- **Improve job-related assistance** (2 comments) – Two consumers suggested that job-related assistance should be improved (one mentioned job search and one mentioned job placement) These comments were made by consumers closed rehabilitated (1.4% made this suggestion).
The final item on the survey asked consumers whether they would prefer to complete the survey on-line (rather than by telephone). A very small number of consumers reported that they would prefer to complete the survey on-line: 20 (12%) said yes and 150 (88%) said no.
ADRS recently changed their focus from providing services to a large quantity of consumers to providing high quality services. This change represents a major philosophical transition for the agency and FY 2012 is the second year that this policy has been fully in effect. Last year satisfaction with counselor scores were higher than they had ever been, and this year they are slightly higher. The overall average satisfaction with counselor score was higher than in any previous year, as was the average satisfaction with counselor scores for consumers closed rehabilitated. (The average score for consumers closed not rehabilitated was slightly lower this year compared to last year.) Almost one-quarter of consumers expressed complete satisfaction with their counselors (i.e., had a score of 36 on the satisfaction with counselor scale). Only two consumers indicated they could not answer questions about their counselors due to lack of contact, which is the lowest number to ever report limited contact with the counselor. Only 10 suggestions were made about improvements to counselors being needed; this is the lowest number ever to make that suggestion. In fact, the percentage of consumers that provided suggestions for improvement was the lowest it has ever been, which is another indication that consumers are satisfied with their programs.

The range of average satisfaction scores among counselors was narrower this year than in previous years: they ranged from 17.66 to 35.33. Although this still indicates some variability among consumers’ satisfaction with their counselors, all of the average scores fall within (or very close to) the satisfied range for the first time. Three counselors had average satisfaction scores of 28 or above, which indicates a very high level of satisfaction by their consumers.

As documented in the previous four years, consumers closed not rehabilitated were less satisfied as a group than consumers closed rehabilitated. For the first time this year, we received information regarding whether persons closed not rehabilitated had an IPE developed. Approximately half of those closed not rehabilitated were closed prior to an IPE being developed. Differences in level of satisfaction based on whether an IPE was developed were evaluated; the only major differences found were noted in the report (whether the person received all services they feel were needed and whether the person feels better about his/her future). Not surprisingly, those without an IPE were more likely to say they did not
receive any of the services they needed and were less likely to say they felt better about their future.

Despite lower levels of satisfaction, most consumers closed not rehabilitated reported that they did receive benefits from their rehabilitation programs. However, a higher percentage this year (23.3%) did not think they received any benefits (more than half of these did not have an IPE). The benefits most commonly reported among those closed not rehabilitated were: (1) support, encouragement, and/or counseling, (2) receipt of assistive technology (AT) or other equipment, (3) employment, and (4) increased confidence or feeling better about themselves. This is the first year that employment was among the top benefits mentioned by those closed not rehabilitated, and only the second time AT/equipment was frequently mentioned. The most commonly reported benefits of persons closed rehabilitated were: (1) employment, (2) receipt of AT or other equipment, (3) the training they received, and (4) increased independence. For the second year in a row, employment was the most commonly mentioned benefit received from the program, and it was mentioned far more frequently than any other benefit.

Despite their cases being closed without employment, almost one-quarter of consumers closed not rehabilitated reported being employed at the time of the interview. This is the highest percentage ever reported to be employed at interview after being closed not rehabilitated. Approximately 11% of those consumers closed rehabilitated with an employment outcome reported that they were not currently employed when they were interviewed. This is the lowest percentage of this group ever found to be unemployed at the time of the interview (previously this percentage has ranged from 16 to 26%). However, for the first time this year, consumers who were closed rehabilitated but reported not being employed at the time of the interview were less satisfied with their counselors. A small majority of the consumers who reported not being employed at the time of the interview stated that they would like to be working.

Satisfaction levels for specific services were very high this year. Only two services had satisfaction levels below 90% (Job Placement Assistance and Transportation Services). Although satisfaction with Transportation Services was one of the lowest rated, its rating this year (88.9% satisfied) was higher than it has ever been. Eight services had 100% satisfaction from consumers, and an additional five had satisfaction levels above 97%
(see Table 6, p. 35). These results represent the highest level of satisfaction with services since this survey began. There were also fewer consumers who reported not receiving specific services, despite the services being listed on their case narratives. Still, more than 15% of consumers reported that they did not receive Job Readiness Training, On the Job Supports, and Transportation Services. (A high percentage also reported not receiving Reader Services, but this was associated with a low number overall receiving that service.)

This is the third year that ADRS has included an item on the survey which asks consumers who express significant dissatisfaction whether they would like ADRS to follow-up with them. Ten consumers were asked this item (compared to 17 in FY 2011 and 36 in FY 2010). Six of these consumers agreed to have ADRS staff contact them. As noted in the discussion, satisfaction levels are higher than they have ever been before in many areas. It should be noted that some of these positive findings may be associated with having a very low percentage of persons closed not rehabilitated participating this year. Of the 172 consumers who participated, only 30 (17.4%) were closed not rehabilitated. Only 20% of the total number of those closed not rehabilitated participated in the survey, while 58% of those closed rehabilitated participated.

**Recommendations**

The following new recommendations were generated based on the results of the consumer satisfaction survey for FY 2012.

- It is recommended that ADRS evaluate their method for determining who is eligible to receive Braille training.

  **Rationale:** Six people who did not believe they received all the services they needed specifically mentioned Braille training as a service they did not receive. In 2008, four consumers mentioned Braille as a service they needed but did not receive. This is the first time this issue has appeared since then.

- It is recommended that ADRS work with counselors (as needed) to assist them in being more readily available to consumers.

  **Rationale:** The most consistent complaint from consumers about their
counselors is that they are not always available. The counselor satisfaction item with the lowest score this year related to the counselor returning phone calls promptly (and this has also been one of the lowest rated for the previous three years). One of the four new items added this year addressed availability of the counselor, and it was the lowest rated of the new items. Some counselors received excellent ratings in this area, while others had much lower ratings.

In addition to these new recommendations, two recommendations were retained from last year:

- It is recommended that ADRS evaluate the system they developed for contacting consumers who expressed dissatisfaction and provided their names for follow-up, in order for the follow-up to happen in an efficient manner. It is important that this follow-up is conducted by a sympathetic staff member.

  Rationale: Every year, a small percentage of consumers express dissatisfaction with their rehabilitation programs. ADRS has decided to follow-up with these consumers and an item was included in this year’s survey to identify people that would like follow-up. If this is not handled by a sympathetic person or does not occur quickly, dissatisfaction may increase.

- It is recommended that ADRS continue to work with counselors who did not receive high satisfaction results or positive comments from their consumers to identify any problems they are experiencing and to improve their provision of services.

  Rationale: The relationship with the counselor is important to consumers’ overall satisfaction with and benefit from the program. A large majority of consumers seem very happy with their counselors, but some still express dissatisfaction. Two counselors had average satisfaction scores below 18, which indicates that a number of their consumers are not entirely satisfied.

Summary

A total of 172 blind and visually impaired consumers served by ADRS were interviewed for the FY 2012 Consumer Satisfaction Survey. This
represents an overall response rate of 43.5% and a response rate of 56.2% for persons with valid phone numbers who were available to interview. For the fifth year, this survey included all consumers whose cases were closed during the fiscal year. Results from this research document the tremendous benefit the blind rehabilitation program is to its consumers, including those closed not rehabilitated. The majority of all consumers interviewed reported receiving valuable benefits from participation in their rehabilitation programs. This is the second year in a row that a new highest level of consumer satisfaction with counselors was established, and the highest level of satisfaction with services was also documented this year. It is not possible to determine whether this is a result of the change in focus to quality over quantity by ADRS, but a continuation of this trend would provide support for that. The record satisfaction levels presented in this report provide some initial support for that idea. The results point to only a few areas in need of improvement and therefore few recommendations were provided.
References


Appendix A
ADRS CONSUMER SATISFACTION SURVEY

1. Counselor # _________________

2. Closure type:
   _____ (1) Status 26 (Outcome = Rehabilitated)
   _____ (2) Status 28 (Outcome = Other)

3. Employment type: _________________________

4. Age/DOB: ____________

Hello, Mr./Ms. _________________, my name is _________________
I am with Mississippi State University. We are conducting a Consumer Satisfaction
Survey for the Alabama Department of Rehabilitation Services. You should have
received a letter explaining that we would be calling to ask you a few questions about
your experience as a consumer with ADRS. Based on your experience, ADRS would
appreciate your response to a few questions as they look at ways to improve services
provided by the agency to persons who are blind or visually impaired.

Answering these questions will take about 15 minutes. Would you like to go ahead with
the interview?

This interview is strictly voluntary on your part. Your name was selected from a list of
people who received services within the past year and was provided to us by the
Services for the Blind. Your name will not be included with your responses. We will add
your responses to the responses of the other persons participating in the interviews and
give this summary information to ADRS. You may also stop the interview at any time or
elect not to answer specific questions. All the information collected in this and other
interviews will be stored in locked files, and only Mississippi State University
researchers directly involved in the project will have access to this information. Again,
all of your responses will be confidential, and your name will not be used in any report of
the research. By continuing this interview, you will be indicating your consent to
participate in the study. If you later have any questions about the study, you can contact
Dr. Michele McDonnall at 1-800-675-7782 or the MSU Regulatory Compliance Office at
662-325-5220.

First, I would like to ask you a few questions about yourself and your level of vision:

1. Do you have some usable vision? _____ Yes _____ No
   If yes, would you say that you have:
   _____ very little vision (can see light)
   _____ some vision (can read large print up close)
   _____ a lot of vision (can read regular print though may need some
   magnification)
2. Are you currently employed? _____ Yes  (_____ No) – if 26 go to #5
   – if 28 go to #7

3. **If employed**, how many hours do you work each week? ________

4. **If employed**, what is your job title? ____________________________

5. **If not employed**, how long did you work at the job you had when your case was closed? ________________________________

6. **If not employed**, why are you no longer working?____________________________
   ____________________________________________________________
   ____________________________________________________________

7. **If not employed**, would you like to work now? _____ Yes  _____ No

Now, I would like to ask you some questions about your VR Counselor, ____________________, and the extent that you agree or disagree with the following statements concerning your experience with your ADRS Counselor. If you have had more than one Counselor while being served by ADRS, please answer the items related **Only** to the Counselor you worked with most recently.

**AGREEMENT**

SA = Strongly Agree
A = Agree
N = Neither Agree nor Disagree
D = Disagree
SD = Strongly Disagree

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<th>AGREEMENT</th>
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<th>A</th>
<th>N</th>
<th>D</th>
<th>SD</th>
</tr>
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<tbody>
<tr>
<td>1. My counselor really listened to me.</td>
<td>SA</td>
<td>A</td>
<td>N</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>2. My counselor provided encouragement to me.</td>
<td>SA</td>
<td>A</td>
<td>N</td>
<td>D</td>
<td>SD</td>
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<tr>
<td>3. My counselor did not provide as much helpful information as I would have liked.</td>
<td>SA</td>
<td>A</td>
<td>N</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>4. My counselor seemed knowledgeable about my visual condition.</td>
<td>SA</td>
<td>A</td>
<td>N</td>
<td>D</td>
<td>SD</td>
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<tr>
<td>5. I did not feel that my individual case was important to my counselor.</td>
<td>SA</td>
<td>A</td>
<td>N</td>
<td>D</td>
<td>SD</td>
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<td>6. My counselor did not seem to care about me personally.</td>
<td>SA</td>
<td>A</td>
<td>N</td>
<td>D</td>
<td>SD</td>
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<td>7. My counselor asked about my needs and work interests prior to completing my</td>
<td>SA</td>
<td>A</td>
<td>N</td>
<td>D</td>
<td>SD</td>
</tr>
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<td></td>
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<td>employment plan.</td>
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<tr>
<td>8.</td>
<td>My counselor decided which services I would receive, without input from me.</td>
<td>SA</td>
<td>A</td>
<td>N</td>
<td>D</td>
</tr>
<tr>
<td>9.</td>
<td>My counselor returned my phone calls promptly.</td>
<td>SA</td>
<td>A</td>
<td>N</td>
<td>D</td>
</tr>
<tr>
<td>10.</td>
<td>I found my counselor very easy to work with.</td>
<td>SA</td>
<td>A</td>
<td>N</td>
<td>D</td>
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<td>11.</td>
<td>My counselor did not keep me informed of what was being done with my case.</td>
<td>SA</td>
<td>A</td>
<td>N</td>
<td>D</td>
</tr>
<tr>
<td>12.</td>
<td>My counselor had a negative attitude towards me.</td>
<td>SA</td>
<td>A</td>
<td>N</td>
<td>D</td>
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<tr>
<td>13.</td>
<td>My counselor was very supportive of me.</td>
<td>SA</td>
<td>A</td>
<td>N</td>
<td>D</td>
</tr>
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<td>14.</td>
<td>My counselor did not always follow through with his/her promises to me.</td>
<td>SA</td>
<td>A</td>
<td>N</td>
<td>D</td>
</tr>
<tr>
<td>15.</td>
<td>My counselor allowed me to make decisions about my vocational goal and plan.</td>
<td>SA</td>
<td>A</td>
<td>N</td>
<td>D</td>
</tr>
<tr>
<td>*16.</td>
<td>My counselor did not approve all services I needed to help me obtain employment.</td>
<td>SA</td>
<td>A</td>
<td>N</td>
<td>D</td>
</tr>
<tr>
<td>17.</td>
<td>I sometimes wondered whether my counselor really cared about helping me.</td>
<td>SA</td>
<td>A</td>
<td>N</td>
<td>D</td>
</tr>
<tr>
<td>*18.</td>
<td>My counselor did everything he/she could to assist me in finding (or keeping) a job.</td>
<td>SA</td>
<td>A</td>
<td>N</td>
<td>D</td>
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</tbody>
</table>

Unable to answer questions due to lack of contact with the counselor: ________

Now I have a few additional “yes and no” questions about your counselor:

18a) Did your VR Counselor make an effort to provide and arrange services to you in a timely manner?
    Yes ____ No ____

18b) Did your VR Counselor involve you when planning services to reach your employment goal?
    Yes ____ No ____

18c) Were you able to contact your VR Counselor when needed?
    Yes ____ No ____
18d) Did your VR Counselor treat you with courtesy and respect during your program?  
Yes    ____  No    ____

19. How involved would you say you were in planning your rehabilitation program?  Would you say:

1) Not at all involved     ____
2) Barely involved        ____
3) Somewhat involved      ____
4) Very involved          ____
5) Completely involved    ____

20. How satisfied were you with the following services? Remember that these services may have been provided by someone other than your counselor. For example, Easter Seals, the Gentry Center, Alabama Institute for Deaf & Blind Regional Centers, or Mobile Association for the Blind may have provided the service directly to you, but it was part of your ADRS rehabilitation program.  
(Note: If not satisfied with a specific service, ask why.)

VS = Very Satisfied  
S = Satisfied  
D = Dissatisfied  
VD = Very Dissatisfied  
NA = Not Applicable  
DNR = Did Not Receive

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>VS</th>
<th>S</th>
<th>D</th>
<th>VD</th>
<th>NA</th>
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<tr>
<td>Assessment</td>
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<td>D</td>
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<tr>
<td>Diagnosis and Treatment of Impairments</td>
<td>VS</td>
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<td>D</td>
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<td>College or University Training</td>
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<td>On-the-job Training</td>
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<td>D</td>
<td>VD</td>
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<td>Job Readiness Training</td>
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<td>D</td>
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<th>SERVICE</th>
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<td>On-the-job Supports</td>
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<td>DNR</td>
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<tr>
<td>Rehabilitation Technology (Rehabilitation Technology Services or Assistive Technology Services/Devices)</td>
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<tr>
<td>Other Services</td>
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<td>S</td>
<td>D</td>
<td>VD</td>
<td>NA</td>
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Notes on why not satisfied with a service: __________________________
__________________________________________________________________
__________________________________________________________________

21. Did you receive all the rehabilitation services that you feel you needed?

1) None of them ____
2) A few of them _____
3) Most of them ______
4) All of them ______

21a) If response is not “all of them,” ask: “What needed services did you not receive?”

__________________________________________________________________
__________________________________________________________________
22. How would you rate your overall satisfaction with your rehabilitation program?

1) Completely dissatisfied ______
2) Dissatisfied ______
3) Satisfied ______
4) Completely satisfied ______

22a. If not satisfied or completely satisfied, ask: “Why weren’t you satisfied?”
________________________________________________________________________________
________________________________________________________________________________

23. Would you recommend the blind rehabilitation program to your family or friends?

1) No, not at all ______
2) Possibly ______
3) Yes, completely ______

24. Speed of arranging services was:

1) Very timely ______
2) Timely ______
3) Not Timely ______
4) Not at all timely ______

25. I feel better about myself and who I am than before my VR program.

Agree ______
Disagree ______

26. I feel better about my future than before my VR program.

Agree ______
Disagree ______

27. I am more independent because of my VR services.

Agree ______
Disagree ______

28. What would you say are the major benefits that you received from participating in your rehabilitation program?

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
29. Do you have any suggestions for improving the services of the blind rehabilitation program?

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

30. If this survey were available online, would you prefer to complete the survey online?
   _____ Yes  _____ No

NOTE: If the consumer was very dissatisfied, ask if you may provide his/her name to ADRS in order for ADRS to follow-up with him/her.
Response: _____ OK to contact  _____ Not OK to contact

SAY THIS TO EVERYONE:
ADRS will be conducting a one-year follow-up with you if you had a job or were a homemaker when your case was closed. If this applies to you, expect a call from ADRS about a year after your case was closed.

Thank you for your participation! If you later have any questions about this study, you can reach me at 1-800-675-7782 or our MSU Regulatory Office at 662-325-5220.
Appendix B
Current Job Title

- Teacher at AIDB
- Mary Kay beauty consultant
- Door greeter at Sam's Club
- Postal service
- Substitute teacher
- Teacher's aide
- Consultant - works from home
- Wal-Mart grocery associate
- Self-employed owner
- Director of finance at a church
- Maintenance worker
- Work in husband's business
- I cut fabric at Hancock Fabrics
- Parts administrator
- Receptionist/Call center representative
- Self-employed truck driver
- Disability aide
- Operation counselor
- Hotel housekeeper
- Service clerk at Walgreens
- Administrative assistant with VA
- Production worker at Alabama Industries for the Blind
- Self-employed vending machine operator
- I grow and sell produce for myself.
- Supervisor for NTA
- Manager of a bowling professional department
- Communication specialist
- Maintenance for Wal-Mart
- I install TV, phone, & Internet.
- Secretary/bookkeeper
- Salesperson
- Financial advisor
- Rehabilitation counselor for ADRS
- Vending stand operator
- Cook at Trinity Medical Center
• Mail handler
• Grill cook
• PE teacher & coach at a private school
• Cashier/Clerk
• Cook at Waffle House
• Call center representative
• Aide at Head Start
• Medical support assistant
• Music teacher (teach piano and voice)
• Supply clerk
• Production worker
• Account manager
• Self-employed
• Cashier
• Massage therapist
• IRS tax examiner
• I work in a warehouse.
• Mail batcher
• Financial aid counselor
• Receptionist
• Driver owner
• Administrative assistant (clerical, engraving)
• Field service engineer
• Physical therapist assistant
• Production worker
• IT Specialist
• Kindergarten teacher
• Homemaker
• Certified Braille proof reader & instructor
• Telephone switchboard operator
• Supervisor
• Sales associate
• I pay the bills at the university
• Federal service desk agent
• Vendor
• Vendor
• Contact representative
• Substitute school teacher
• Self-employed lawn care worker
• Storeroom manager
• Self-employed consulting psychologist
• Call center agent for Hewlett-Packard
• Dispatcher for trucking company
• Cosmetologist
• Store clerk
• Boss - BEP Vending
• Office Assistant
• Childcare provider
• Mechanic
• Hostess
• Corrections officer
• Statistician
• Government employee
• Telemarketer
• Production worker
• Reader advisor.tech person
• Chef
• Library assistant
• Shift manager
• Account executive
• Carpenter
• Production worker
• Housekeeping aide
• Cash office at K-Mart
• Owner of Merle Norman Studios
• Assembly worker
• Customer service
• Craftsman helper
• Self-employed
• Self-employed pastor
• Care Technician in a hospital
• Customer courtesy clerk
• Owner of VW shop
• Mechanical technician
• Assoc. programmer analyst for Alabama Department of Rehabilitation Services
• Administrative assistant
• Clerk
• Minister
• Bell ringer at Salvation Army
• Physical therapist and rehabilitation manager
• Mental health counselor
• Blind vendor
• Veterinarian aide
• Customer service representative
• Bookkeeper
• Switchboard operator
• Production worker
Appendix C
Services Needed But Not Received

• They did not evaluate me to see what I could do and help me to accomplish it.
• Someone was supposed to come to my home and help with appliances and help me. Also, I was supposed to get a clock, etc. No one has ever come.
• I needed schooling to learn what I didn't know. I also needed Braille.
• I don't know. I kept asking what all was available, but I could never get an answer.
• No services were ever provided until a statement from the doctor is obtained.
• I did not get vision/night glasses and stuff.
• I needed computer training.
• When my ZoomText expired there was no help to renew it.
• I refused services because of other problems. I think I am ready for their help now.
• I wanted and needed Braille and some computer training.
• I was supposed to go to Talladega, but the counselor would not give me the dates so I did not go when I should.
• I needed to get in a job program to get some experience.
• I needed the Braille training
• Job training for outside the home.
• No help with placement or job support.
• I did not get a decent chair for my physical abilities, and searching for another job.
• I don't know what's available.
• I didn't get computer training.
• I thought they would cover the copay for the glasses.
• I did not receive computer classes & I did not finish all of my Braille I was supposed to learn, as well as mobility training.
• I was willing to get transferred in positions, but that had nothing to do with my counselor.
• I felt like I could have received better training on how to use the equipment.
• I am trying to learn Braille to read again & how to get back on the computer.
• The Braille training.
• I have a B.A., but I don't feel I was placed correctly & I'm working a job that does not meet my skills and qualifications.
• They offered to do surgery, but ---- denied it.
Appendix D
Major Benefits Received

• I got my college education, and help with my job and training.
• I gained more independence and being able to read for myself.
• The help they gave me with my job.
• They helped me with my cooking the most.
• I got my college degree.
• Just knowing that there are people willing to help you after you finish the program.
• I know someone is there to help when I need it.
• They helped me to maintain employment.
• I got more time during tests in school.
• The devices that enable me to work from home. Especially the ZoomText and my CCTV.
• The work with technical support and the "home help" with appliances, etc. Also the mobility help I received.
• That they really wanted to train me to go back to work. Also the technology they helped me with and knowing someone was there for me to help me.
• They didn't help me at all this last time.
• The Topaz machine that they supplied me with—I can read what I have to now and continue my work and business.
• My hearing aids have really helped - also knowing my counselor was there.
• I was given two or three rides that I needed and they helped when I first got in my apartment.
• It introduced me to a new field of work and it opened up new doors.
• They have helped me with some technology that has allowed me to help my husband in his business.
• Nothing, since no help was provided.
• The technology helped me prepare for graduation.
• They gave him everything he needed.
• They helped me to get a job that I like and, they helped me get back on my own two feet.
• I got a CC machine.
• They provided me with an eye check-up and a monitor.
• I did not finish, but what I did do gave me more confidence in myself.
• I am more independent. I don't have a problem with my mobility. It was all very good.
• I kept my job that I have had for the last 30 years.
• I am able to work and go places with my guide dog, making me more independent.
• I received my college assistance and help with job readiness and placement.
• I received part of my college education.
• They helped by paying my doctor's bill and gave me money to help me get around.
• I now have a good job and I can support my daughter.
• I now have a job and income.
• They helped me get back on my feet again and be independent and productive as a legally blind person.
• They helped me with equipment and technology.
• They allowed me to help by answering questionnaires for them and then paid me for my thoughts.
• They provided me with the ability to continue to work and to contribute to society.
• They helped me with glasses and they sat down and "listened" to me and what I had to say and then gave me feedback.
• They updated my outdoor mobility skills.
• Basically I learned how to do interviews for jobs, and I am more confident in myself now.
• Just the support they gave me. If I ever needed anything, they were always there.
• They just talked to me and gave me counseling and guidance.
• The equipment that they supplied me with.
• They provided me with emotional and technical support.
• He told me about the RIVA so I bought one. The things they gave me were very nice.
• I have my job.
• They gave me back my independence.
• Just having someone to talk with to help me understand and make decisions that are good for me.
• The opportunity to learn some Braille and to regain some independence again.
- The training with the cane and listening for traffic coming. Also the help with dots on my stove and microwave.
- The financial aid with college and the job placement were the major benefits.
- They helped me in my home and kitchen with daily living. The equipment they provided so I could read and work again. The cane for mobility.
- The college training and support; also the BiOptic driving program were my major benefits.
- Being able to keep my job.
- They helped me around my house and how to get around better and do everyday chores.
- The knowledge of the services available. The job placement help. The mobility training for my independence.
- They explained my condition to me so I could learn to accept it and live with it.
- They supplied the money for my college education.
- I am more independent and I gained new skills.
- I can use this computer for my students and myself. It is awesome.
- They helped me get my full-time job.
- I am living my life again. I have a job and my disability is not controlling me.
- The contacts that they bought for me. I can see better now, and I could not afford them myself.
- The kitchen aids were a great help.
- The scientific Ruby magnifier they gave me. The training for my eyesight.
- They financially helped me set up and start my own business.
- They helped pay for my eye surgery. They followed through with phone calls and check-ups; they answered all questions I asked. My counselor became my friend.
- The financial help with my eye surgery.
- I think it gives people with disabilities an advantage. They helped me with my job.
- They helped me look for a job. And, they opened doors that led me into my future.
- They provided me with some tools and equipment to help me do my job.
• They helped me learn how to go anywhere. I can travel wherever I want to go.
• I got a cane and a watch that help me.
• They helped me to become even more independent even though I did lose my eyesight.
• Everything. They helped me keep my job and training and equipment they gave me.
• I am still able to teach my classes.
• They helped me find a job and the equipment they provided for me.
• Having the equipment to do my work without having to depend on other people. Being independent.
• The helpfulness of the people I dealt with at Rehabilitation Services and the advice they gave me.
• I got my job and I am independent.
• I got to see a low vision specialist, my mobility training and the adaptive equipment. The adaptive equipment is the best.
• Someone to talk to and help me with my job.
• The support and resources that were offered to me.
• I am now able to drive and be independent.
• She learned to clean bathrooms. Nothing else.
• The major benefit is that I got to maintain my job.
• The realization that I am not alone and there are people out there that are willing to help.
• I managed to accomplish my degree and to continue in my field of work.
• Giving me good resources. Mobility helped me a lot.
• The ability to communicate especially with the computer and mobility reinforcement.
• Florida Division of Blind Services who assisted me before Alabama.
• The technology I received.
• I got some good vision rehabilitation.
• The major benefit is that now I can go on and do my own record keeping. I am more independent. I also have more self-esteem.
• That I can maintain my job and do it effectively due to the technical assistance I received.
• The glasses, the clock, and everything else. The aides--I cannot narrow it down to one thing. Just everything.
• I got my driver’s license which makes me more independent, and now I don't have to rely on others.
• They provided me with computer equipment magnifiers and a Ruby.
• They gave me good job interview lessons. How to interview correctly.
• I got the skills that I needed to function as a blind person. I can now do everything I did before as a sighted person.
• That I can do my job as I need to and that I can get around pretty well now.
• The computer aids helped me most.
• Getting to keep my job.
• I didn't know this was out there, and I am very thankful for how much I have accomplished.
• A machine that I use to read books with.
• The lighting in stores used to glare me! Also confidence. I can get around and help others without them even knowing I'm blind!
• To be a better homemaker.
• To be able to do my job better.
• They helped complete school and find a job.
• Glasses.
• I was able to keep a job and I can see. I have to go back for cataract surgery to see a little better.
• Learning to read Braille helped me greatly even though my case was closed before I would finish.
• It has made me more independent for my job.
• Paid for me to get my undergrad degree and part of my masters. Provided me maintenance, assistive technology at home & work, and worked with university to take test in alternative formats. Helped me get a job at the VA.
• Confidence-building and new approaches to life.
• It made me a more efficient employee and gave me a better sense of job security.
• An excellent counselor who helps me in every way possible and I have a job!
• I reached my goal of gaining employment.
• More productivity and able to grow in what I am doing currently.
• I got a driver’s license.
• I have my independence back and do not have to depend on other people for everything.
• My benefits included independent living to learning Braille to working on the computer.
• I enjoyed everything they did to help me and that's why I became a chef because they stood beside me.
• She seems more confident.
• The ability to maneuver around (cane training) and the confidence that I gained.
• My benefits ranged from learning the mobility training, coping with mechanisms, and learning how to manage the income care, and getting over the overall fear of venturing out.
• Job placement.
• College tuition. I'm glad I got it.
• I got some computer equipment training and I got a computer.
• I couldn't go on without what he helped me with. I can't live without a way to read anything and I learned to thread a needle and they brought some kitchen supplies.
• I'm satisfied with all of it and everything was beneficial to me.
• I've learned how to go shopping. I've accomplished a lot.
• They helped me update my resume and get back into the job force again. They also helped with teaching me how to manipulate a curb with my prosthetics. That was very helpful.
• The training and all of the equipment and gadgets she got that helped her to be able to see and keep on working.
• It allowed me to be literate again since I can read Braille; my mobility and computer training were great.
• The schooling that I got.
• I have kept my independence and I have a job. Also, what I learned will help me in the future.
• To be able to work and be employed again.
• My cataract surgery was paid for, so the financial benefit was tremendous. They helped me to feel more educated with my situation and made me feel more confident, independent, and hopeful.
• I had a job for a while.
• Helping me see better and learning how to do things more independently for myself is how I benefited.
• Basically, a job and some tickets for transportation. Also, they paid for my laser surgery.
• It is really nice to be able to lay here and listen to the audiobooks. I have been in rehab. For 26 days, and I can't do anything else.
• The devices they gave me so I could read small print again. It has kept me reading, and helped me maintain my independence.
• They helped me to keep my independence and my job.
• They helped me get my job, and I had never worked before.
• The magnification of being able to read again and being able to walk with my cane. Also, knowing how to deal with things as my eyesight gets worse.
• They helped me to improve my productivity and to keep my job.
• I have equipment that allows me to read small print to keep my job. I got a RUBY that helps me greatly.
• I am able to read to my children, which is very important. I was provided a CCTV to be able to read again. And, they gave me great service and support and they have made me as independent as I am today.
• Knowing everything they taught me, I will be able to use and to help me function should my eyesight get worse.
• My equipment was outdated and they updated it. Now I can see and read better.
• My transportation and help with learning how to get around.
• They gave me motivation and hope that I could continue with my lifestyle and job.
• It helped me to remain independent and self-sufficient and to keep a job.
• They helped me get a job. I am working.
• I am more confident and independent.
• My college and assistance in attending school that lead to employment.
• They purchased my work equipment for my computer and they have helped me to continue to work.
• They helped me get organized at home and with my plans so I could go to work again.
• Training on the computer and the speech output.
• I got a job and computer skills. Also learning how to deal with my vision problem and keep my independence through independent living help.
• I got my college degree.
• Just knowing that there are people willing to help you after you finish the program.
• I know someone is there to help when I need it.
• They helped me to maintain employment.
• They didn't help me at all this last time.
• Nothing, since no help was provided.
• The technology helped for graduation.
• They gave him everything he needed.
• I did not finish, but what I did gave me more confidence in myself.
• I am able to work and go places with my guide dog, making me more independent.
• They allowed me to help by answering questionnaires for them and then paid me for my thoughts.
• They helped me with glasses and they sat down and listened to me and what I had to say and then gave me feedback.
• They just talked to me and gave me counseling and guidance.
• Just having someone to talk with to help me understand and make decisions that are good for me.
• The opportunity to learn some Braille and to regain some independence again.
• They explained my condition to me so I could learn to accept it and live with it.
• They helped me get my full-time job.
• The kitchen aids were a great help.
• They provided me with some tools and equipment to help me do my job.
• They helped me learn how to go anywhere. I can travel wherever I want to go.
• I got a cane and a watch that help me.
• The computer aids helped me most.
• She seems more confident.
• When I found all of the services, I started losing my depression and I learned a lot of things that I can do.
Appendix E
Suggestions for Improving Services

• Listen to the clients and what they say they can do and go from there.
• Yes - I had a very bad experience with a dog there. I don't like eating with a dog in the cafeteria. I don't want them coming up to me and licking on me. Not everyone likes or appreciates dogs.
• No - not at this point. Everything has been great.
• No - the program was very good.
• They need to let me back out there. I can improve it myself.
• No - Just continue to help more people.
• No - only they need more case workers per area.
• No one paid any attention to what she could do. Just sent us in circles. Pay attention to what people "can" do.
• No - only that the stores or vendors who supply the eye exams and treatment are not at all up-to-date with equipment, etc.
• The transportation in Florida in the city is much better.
• You need more follow-up and closer touch. Also, see if you can provide more help while they are in college.
• The waiting list is too long.
• I have seen good and bad counselors. Just try to weed out the bad ones.
• No. I thought they did a pretty good job.
• Be more thorough with cases and follow through.
• No. I think it is great just like it is.
• The counselors need to "listen" more to the client and what he/she wants and needs.
• They need more money and more counselors. They have too many clients for each counselor.
• Get more qualified and caring counselors.
• No. I think they were fantastic.
• Yes. Fire [counselor's name].
• They used to make sure that the counselors don't judge people personally and that they are aware of circumstances.
• No. They were great.
• No. I thing they are doing a very good job.
• I think they are doing a fine job.
• I don't know, I just don't think I was treated fairly.
• Just make more people aware of the program.
• They could give more money to you?
• Just that everyone needs to be more aware of laws and what programs really entail. More "up-to-date".
• Don't "peg-board" the kids. Not where you think they should be, but where they actually belong.
• No. I thought they did a great job.
• The government needs to supply more funds and not put limitations on people.
• Alabama would jump a lot of steps if they would tap into their resources. Get grants, etc. Return phone calls on time, etc.
• They need more case workers.
• No. My services impressed me greatly.
• No. I have had wonderful experiences through them.
• No. It was a very good program. I just hope it continues for other people like me.
• No. Only they need more advertising so people know they are there to help.
• People need more help learning the bus stops in their area.
• Maybe they could let you know when newer things are available. Keep you updated.
• I was shocked about how everything went so well.
• I'm very satisfied with my teacher's actions.
• More of policy to provide easier options to those who are blind and do not want to work.
• Advertise--It's right here in the city and I didn't know about it.
• During assessment, they need to give people the opportunity to try out different types of equipment, especially when it has to do with a job, also in a helpful timely manner.
• Staying in contact and being prompt with individuals who need assistance. Give us info without asking for it.
• They did a good job.
• No. They are wonderful.
• If they were to have a better system of gathering info--such as a portal--so everyone could have the information.
• Issues with recertification with transportation--I believe they could do better.
• No. They did everything I asked and I needed.
• No. They were great.
• They need to be more organized and have better job search assistance. Match people with jobs for their skill and experience.
• No. They were great!
• They need better job placement.
• The counselors need to be more attentive to the clients.
• No. Everything was real good.
• Just make sure that all of your services are offered to each client.
• Be sure to follow up with clients. That has not happened to me, but it did my sister.
• No. I just think maybe support could be there just a little bit longer if needed.
• No. Everything was fine.
• Give more or different landmarks when trying to give directions to the building along with street names. Sometimes it is hard to read street signs.
• No. Everything was fine.
• No. Everything was just wonderful.
• No. They are doing good.