

# Community Reentry Project (CRP) Evaluation

Name of Case Manager: \_\_\_\_\_ Date \_\_\_\_\_

Clients Gender:     Male                       Female                       Transgender

Please circle the number	Strongly Disagree	1	2	3	4	5	Strongly agree	N/A (if doesn't apply)
1. My case manager helped me with my goals to improve my life	1	2	3	4	5		N/A (if doesn't apply)	
	If you marked 1 or 2 please explain: _____							
2. I felt the office manager was welcoming and helpful to me	1	2	3	4	5		N/A (if doesn't apply)	
	If you marked 1 or 2 please explain: _____							
3. I was provided helpful information on employment opportunities	1	2	3	4	5		N/A (if doesn't apply)	
	If you marked 1 or 2 please explain: _____							
4. I was provided helpful job coaching assistance	1	2	3	4	5		N/A (if doesn't apply)	
	If you marked 1 or 2 please explain: _____							
5. I felt the counseling services by the therapist helped me	1	2	3	4	5		N/A (if doesn't apply)	
	If you marked 1 or 2 please explain: _____							
6. The program director was welcoming to me in orientation and clearly explained the program	1	2	3	4	5		N/A (if doesn't apply)	
	If you marked 1 or 2 please explain: _____							
7. If I had a complaint about CRP staff I knew who I needed to talk to	1	2	3	4	5		N/A (if doesn't apply)	
	If you marked 1 or 2 please explain: _____							
8. My case manager gave me resources that helped me	1	2	3	4	5		N/A (if doesn't apply)	
	If you marked 1 or 2 please explain: _____							
9. I felt listened to in developing my plan to success	1	2	3	4	5		N/A (if doesn't apply)	
	If you marked 1 or 2 please explain: _____							
10. I felt the classes at CRP taught me useful skills	1	2	3	4	5		N/A (if doesn't apply)	
	If you marked 1 or 2 please explain: _____							
11. Overall I had a good experience at CRP	1	2	3	4	5		N/A (if doesn't apply)	
	If you marked 1 or 2 please explain: _____							

**PLEASE COMPLETE THE QUESTIONS ON THE BACK PAGE**

12. What class did you learn the most from? Why?

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13. What class did you learn the least from? Why?

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14. Any suggestions to make your experience with CRP better?

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15. Additional comments, suggestions or complaints:

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16. Please rate the quality of services you received:	Poor			Excellent		N/A (if doesn't apply)
	1	2	3	4	5	
The Council	1	2	3	4	5	N/A (if doesn't apply)
BI	1	2	3	4	5	N/A (if doesn't apply)
CADREC	1	2	3	4	5	N/A (if doesn't apply)
New Genesis How long did you stay? _____	1	2	3	4	5	N/A (if doesn't apply)
MHCD	1	2	3	4	5	N/A (if doesn't apply)
Division of Vocational Rehabilitation (Voc Rehab)	1	2	3	4	5	N/A (if doesn't apply)
Other _____	1	2	3	4	5	N/A (if doesn't apply)

If you marked 1 or 2 for any of the above services, please explain:

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