



**COMPREHENSIVE VOCATIONAL EVALUATION  
CLIENT SATISFACTION SURVEY**

Please return this Satisfaction Survey back to Dirkse Counseling & Consulting, Inc. (DCC) to the address or fax number in the top right hand corner of this survey. Optionally, you may also submit by email. Your input is very important and valuable so we better serve you and others who ask for help.

Client Name (Optional): \_\_\_\_\_ Year of Service: \_\_\_\_\_

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**START SURVEY HERE:**

**Please check off your main reasons for getting help:**

- \_\_\_\_\_ Finding out what kinds of jobs are a good fit and available
- \_\_\_\_\_ Finding out my work and learning strengths
- \_\_\_\_\_ Finding out my areas of limitation and accommodations that might help me
- \_\_\_\_\_ Finding out what other kinds of services might help me to go to work

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