Family Self-Sufficiency Program Evaluation
Participation in this survey is to improve the quality of service we provide to our FSS Clients.

1. If the situation arises, how likely would you be to participate in the FSS Program again?
   - [ ] Would definitely participate in the FSS program again
   - [ ] Would probably participate in the FSS program again
   - [ ] Not sure if I would participate in the FSS program again
   - [ ] Would probably NOT participate in the FSS program again
   - [ ] Would definitely NOT participate in the FSS program again

2. Please list the top three reasons you decided to participate in the FSS program in order of importance.
   1) __________________________________________________________
      __________________________________________________________
   2) __________________________________________________________
      __________________________________________________________
   3) __________________________________________________________
      __________________________________________________________

3. What do you think can be done differently in the FSS program that would make the program more successful?
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

4. Most helpful aspects of the FSS Program?
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
5. Availability of staff?
   ____ Available when needed
   ____ Available most of the time
   ____ Never available when needed

7. Usefulness of resources and supportive services?
   ____ Extremely useful
   ____ Very useful
   ____ Moderately useful
   ____ Slightly useful
   ____ Not so useful
   ____ Not at all useful

8. Usefulness of workshops?
   ____ Extremely useful
   ____ Very useful
   ____ Moderately useful
   ____ Slightly useful
   ____ Not so useful
   ____ Not at all useful

9. Overall effectiveness of the Program?
   ____ Extremely effective
   ____ Very effective
   ____ Moderately effective
   ____ Slightly effective
   ____ Not so effective
   ____ Not at all effective