



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