



**Office of Administrative Operations – Quality Improvement Division
 Customer Service Workshop for Legal Entities
 Post Training Evaluation**

Service Area:

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Title/Position (e.g., Secretary, Financial Worker, etc.): _____

Languages spoken (other than English, please list): _____

Please respond to the following statements using the five-point rating scale provided. Indicate the extent to which you agree or disagree with each statement. Please circle the number that applies. Your responses will assist with continuous quality improvement.

#	Statements	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.	I understand the concept of customer service and the Department of Mental Health's expectations.	1	2	3	4	5
2.	I am familiar with key customer service satisfaction standards.	1	2	3	4	5
3.	I am better equipped with strategies for excellent customer service.	1	2	3	4	5
4.	I am prepared to provide excellent customer service for clients enrolled in or seeking mental health treatment at my agency.	1	2	3	4	5
5.	The content of the training is applicable to my current role and responsibilities.	1	2	3	4	5
6.	I would recommend this training to my colleagues.	1	2	3	4	5

What percent of time do you spend engaging with consumers at your agency? (Please check one)

- 0% 25% or less 50% or more 100%

Which age groups does your agency serve? (Check all that apply):

- Child (0-16 years)
- Transition Age Youth or TAY (16-25 years)
- Adult (25-64 years)
- Older Adult (65 years or older)
- All of the above

What did you find to be most helpful about this training?

What do you believe would improve this training?

Thank you!

Please submit your completed form to Dr. Daiya Cunnane at the close of the training.