

Evaluation of Services Survey (ESS) – LS

Thank you for your help. This form is voluntary. All information is anonymous and will not be used to make decisions about your services now or in the future.

Instructions: Please circle the number that describes how you feel.

Today's Date: _____

	<i>Does Not Apply</i>	Strongly Disagree	Somewhat Disagree	Slightly Disagree	Slightly Agree	Somewhat Agree	Strongly Agree
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A. About these services:

1. This program helped meet my needs.	0	1	2	3	4	5	6
2. I was given information and referrals for other services that I may need.	0	1	2	3	4	5	6
3. I was given information on how the laws can help protect me.	0	1	2	3	4	5	6
4. I was given actual steps I can use to help keep me safe.	0	1	2	3	4	5	6
5. If I need help in the future, I would come to this program again.	0	1	2	3	4	5	6

B. Staff at this program:

1. Treated me with respect.	0	1	2	3	4	5	6
2. Supported me in my making my own decisions.	0	1	2	3	4	5	6
3. Explained things in ways I could understand.	0	1	2	3	4	5	6

C. After legal assistance at this program:

1. I feel better informed about my legal options.	0	1	2	3	4	5	6
2. I better understand what happens at court.	0	1	2	3	4	5	6
3. I felt more supported in court.	0	1	2	3	4	5	6
4. How many times did you talk with a lawyer?	0	1	2	3	4	5	6+

Client please provide the following information:

<p>Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender</p> <p>Age: <input type="checkbox"/> 17 or younger <input type="checkbox"/> 45-54 <input type="checkbox"/> 18-24 <input type="checkbox"/> 55-64 <input type="checkbox"/> 25-34 <input type="checkbox"/> 65 or older <input type="checkbox"/> 35-44</p> <p>Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino</p> <p>Race: <input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Other Race</p>	<p>Sexual orientation: <input type="checkbox"/> Heterosexual/ Straight <input type="checkbox"/> Gay/Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Queer/Other</p> <p>Number of Children: _____</p> <p>Marital Status: <input type="checkbox"/> Never married <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Common Law</p> <p>Highest Level of Education: <input type="checkbox"/> 8th grade or less <input type="checkbox"/> Some college <input type="checkbox"/> 9th -12th grade non-graduate <input type="checkbox"/> College graduate <input type="checkbox"/> High school graduate or GED <input type="checkbox"/> Advanced degree</p>
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PROGRAM USE ONLY – *Required completion with Survey Identifier

*Agency Name: _____ * session count: _____ *Date: _____