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: ______________________

**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:

Gender: □ Female □ Male □ Transgender  
Sexual orientation: □ Heterosexual/Straight □ Gay/Lesbian □ Bisexual □ Queer/Other

Age: □ 17 or younger □ 45-54
□ 18-24 □ 55-64
□ 25-34 □ 65 or older

Ethnicity: □ Hispanic/Latino □ Not Hispanic/Latino

Race: □ American Indian/Alaska Native □ Native Hawaiian/Pacific Islander
□ Asian □ White
□ Black or African American □ Other Race

Number of Children: ____________

Marital Status: □ Never married □ Widowed
□ Married □ Divorced
□ Separated □ Common Law

Highest Level of Education: □ 8th grade or less □ 9th-12th grade non-graduate
□ High school graduate or GED □ Some college □ College graduate
□ Advanced degree

PROGRAM USE ONLY – *Required completion with Survey Identifier

*Agency Name: _____________________________  * session count: ________  *Date: ________________