



## Hopeworks Program Participant Satisfaction Survey

We value your feedback and want to ensure we provide the best experience possible. Please take a few minutes to share your thoughts on your time with Hopeworks.

**First Name:**

**Last Name:**

**Email Address:**

**1. How would you rate your first two weeks at Hopeworks? (1 = Very Poor, 5 = Excellent)**

- 1
- 2
- 3
- 4
- 5

**2. Tell us more about your first two weeks. What stood out to you the most?**

**3. Did you receive assistance or support from the training room staff during your first two weeks? (1 = No support, 5 = Excellent support)**

- 1
- 2
- 3
- 4
- 5

**4. Any additional feedback on the support you received, or support you think would have been helpful?**

**5. Have you had your Job Readiness Assessment (JRA) review?**

Yes

No



**6. Do you feel like Hopeworks was a welcoming environment for you during your first two weeks? (1 = Not welcoming, 5 = Very welcoming)**

- 1
- 2
- 3
- 4
- 5

**7. Any additional feedback on the overall environment and culture at Hopeworks?**

**8. Is Hopeworks meeting your overall expectations for a job readiness program (e.g., resources, stipends, support)? (1 = Not at all, 5 = Completely)**

- 1
- 2
- 3
- 4
- 5

**9. On a scale of 1 to 5, how likely are you to refer someone you know to Hopeworks? (1 = Not likely, 5 = Very likely)**

- 1
- 2
- 3
- 4
- 5

**10. What can we do to improve your experience?**