

CCCS Evaluation

Consumer Credit Counseling Service of the Miami Valley (CCCS) is committed to providing quality service to our clients. Please take a moment to complete this evaluation and return it to CCCS. Your responses are confidential.

Date: _____ Counselor: _____

Ratings: Very Poor: 1 Poor: 2 Fair: 3 Good: 4 Very Good: 5

Instructions: Circle the number that best describes your experience.

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|-----|---------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|
| 1. | How would you rate your overall satisfaction with CCCS services? | 1 | 2 | 3 | 4 | 5 |
| 2. | How would you rate the likelihood of recommending us to others who need our services? | 1 | 2 | 3 | 4 | 5 |
| 3. | How would you rate the courtesy of the CCCS staff? | 1 | 2 | 3 | 4 | 5 |
| 4. | How would you rate the extent to which our employees treat you with respect and dignity? | 1 | 2 | 3 | 4 | 5 |
| 5. | Rate the amount of time it took to arrange an appointment. | 1 | 2 | 3 | 4 | 5 |
| 6. | Rate the convenience and accessibility of the location. | 1 | 2 | 3 | 4 | 5 |
| 7. | How would you rate the counselor's knowledge and information provided? | 1 | 2 | 3 | 4 | 5 |
| 8. | Rate how well the session helped you to fully understand your rights and responsibilities and the consequences of your options. | 1 | 2 | 3 | 4 | 5 |
| 9. | Do you now have a better understanding of the importance of savings? | 1 | 2 | 3 | 4 | 5 |
| 10. | Rate how well the session helped you to have a better understanding of your financial situation. | 1 | 2 | 3 | 4 | 5 |
| 11. | Did you learn skills you could use to avoid future money problems? | 1 | 2 | 3 | 4 | 5 |
| 12. | Rate the benefit the session had for you in achieving your financial goals. | 1 | 2 | 3 | 4 | 5 |

Comments or suggestions for improvement: