## **Opportunity Project Survey**

Please fill out this brief survey based on your honest experience and overall impression. Please include any suggestions that you might have to help with our future efforts.



opportunityprojecttlas@gmail.com (not shared) Switch account



\* Required

My First Contact (Initial Interview) \*

I did not feel heard, understood, or respected.

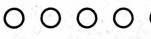




My Goals \*

2 3 4 5

We did not discuss my goals and what is important to me.



We discussed my goals and what is important to me.

My Planning \*

We did not come up with a plan that works for me.



O O Ø We came up with a plan that works for me.

My Connection (Linkage) *
I was not connected with an appointment at an agency. I was not given a referral or information on how, when,
and where to go for help.  and where to go for help.
My Outcome *
I do not feel that I was helped o o o o I feel that I was helped with access to support and treatment.
My Overall Opinion
Your answer I wish THIS OF BRTUNITY WAS 9701N TO ME LONG AGO.
My Suggestion(s)
Your answer THIS IS A GREAT OSPORTUNITY FOR SOMEONE ON WHO WANT HELP
Submit Page 1 of 1 Clear form
Never submit passwords through Google Forms.
This content is neither created nor endorsed by Google. Report Abuse - Terms of Service - Privacy Policy