

# 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.      1   2   3   4   5  
               I felt heard, understood, and respected.

## My Goals \*

We did not discuss my goals and what is important to me.      1   2   3   4   5  
               We discussed my goals and what is important to me.

## My Planning \*

We did not come up with a plan that works for me.      1   2   3   4   5  
               We came up with a plan that works for me.

My Connection (Linkage) \*

1 2 3 4 5

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.

I was connected with an appointment at an agency. I was given a referral or information on how, when, and where to go for help.

My Outcome \*

1 2 3 4 5

I do not feel that I was helped overall with access to support and treatment.

I feel that I was helped with access to support and treatment.

My Overall Opinion

Your answer I wish this opportunity was given to me long ago.

My Suggestion(s)

Your answer This is a great opportunity for someone 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](#)

