

This survey is anonymous unless you choose to tell us who you are on the last page. Your services will not be affected in any way by filling out this survey.

Did you have help completing this survey (Please select one)

- I have completed without help
 I have completed with help

I receive services for: (Please select all that apply)

- Mental Illness
 Intellectual and/or Developmental Disability
 Substance Use Disorder

What IKUS services do you participate in?

- ICLS
 Supported Employment
 Group CLS/Life Skills
 R.E.C. Connect

Gender:

- Male
 Prefer to self-describe: _____
 Female
 Prefer not to answer

Age Range:

- 7-17
 31-40
 18-26
 41-50
 27-30
 51+

Race Ethnicity (Mark all that apply)

- Asian
 Indigenous America
 Black/African American
 Pacific Islander
 Caucasian/White
 Middle Eastern or North African
 Hispanic/Latinx
 Other: _____

😊 **Happy** 😐 **Okay** ☹️ **Not Happy**

How accessible and available was IKUS Life Enrichment Services for you?

- When I first asked about IKUS services, it went well. 😊 😐 ☹️
- If I did not receive the services I asked for, I was given other choices. 😊 😐 ☹️
- Staff communicated with me within 48 hours. 😊 😐 ☹️
- Dates and times of my services worked for me. 😊 😐 ☹️
- On-site programming is accessible and safe. 😊 😐 ☹️

Did IKUS Life Enrichment Services make you feel included and accepted?

- I decided the goals for what I work towards at IKUS. 😊 😐 ☹️
- I feel included in working on my objectives to reach my goals. 😊 😐 ☹️
- My input was valued on the types of activities offered. 😊 😐 ☹️
- I felt comfortable asking questions. 😊 😐 ☹️
- Staff helped me feel welcomed with my abilities. 😊 😐 ☹️
- Staff accept me for who I am. 😊 😐 ☹️

How have IKUS services benefitted you?

- My participation helped me improve my relationships with friends, family and community members. 😊 😐 ☹️
- Services help me deal better with my illness or disability. 😊 😐 ☹️
- I am satisfied with the services I receive from IKUS. 😊 😐 ☹️
- I accomplish things at IKUS that I cannot anywhere else. 😊 😐 ☹️

Please use the space below to explain any answers above you deem necessary.

What were some things you did or did not like about IKUS Life Enrichment Services?

What were some of your favorite activities and why?

What were some of your least favorite activities and why?

Do you have any suggestions for future programs and/or activities?

If there are areas which were not covered by this questionnaire which you feel should have been, please write them here:

Request for Follow up

If you want to talk about your experience, please tell us your name and phone number and someone will be in touch with you. If you do not wish to receive a phone call, please do not fill out the area below:

Name: _____

Phone number: _____

Thank you for giving your honest feedback on all these questions. The information you shared will help us improve the work we do to support you and others.