

Gary Tinker Federation Service Evaluation Form

Clients Name: _____

Address: _____

1. How did you get to know about Gary Tinker Federation?

Referred by another agency

Referred by family member

Read brochure

Attended conference

Radio or news

2. What type of service did you require?

Employment Assistance

Training or Post Secondary information

Information regarding other agencies

Other

3. Who did you receive information from?

Co-ordinator

Vocational Counsellor

Administration Assistant

4. Was the service you received:

Excellent

Good

Fair

5. Would you use the service of Gary Tinker Federation again?

Yes

No