

**Default Question Block**

**Thompson Policy Institute  
on Disability**

**Orange County Local Partnership Agreement Survey  
for Individuals with a Disability & Family Member(s)  
Survey**

**Are you a:**

- Student or Participant
- Family Member

**Please select ALL service agencies that apply and write-in additional agencies providing employment and support services:**

DOR

Social Services

Other \_\_\_\_\_

RCOC Community College Other One-Stop / AJCC Transportation Agency:

**For the next series of questions, please respond to the following statements:**

**Person driven planning or person centered planning -**

**At my or my relative's meeting, I had the opportunity to (select all the apply):**

- Share information that is important to me
- Ask questions
- Get answers to my questions in a way I understood
- Make decisions about my or my relative's goals and services
- Share information about employment goals

**Communication -**

**I spoke with agencies about my or my relative's employment goals and services (check all that apply):**

- By email
- Over the phone
- In person at a meeting
- At a virtual meeting

**This communication was with the following agencies (check all that apply):**

 DOR Social Services Other: RCOC Community College Other: One-Stop / AJCC Transportation Agency:

**Knowledge -****I have a better understanding of (check all that apply):**

- The agencies that can help me or my relative with all of my employment goals
- Community college work preparation programs
- The types of services available to me/my relative
- Community resources/services
- My or my relative employment options

**Services (check all statements that apply):**

- The agencies are helping me/my relative with needed employment services.
- I am or my relative is going to get new and/or better services to help me get a job.
- There were problems with getting the services needed.
- I have concerns about my/my relative's services.
- I am or my relative is not getting the services needed.
- I am or my relative is not ready to work at this time.

**Employment (check one):**

- I or my relative participated in an internship, work experience, or volunteer opportunity.
- I or my relative am/is currently going to school to help me or them get a job
- I or my relative got a job.
- I am or my relative is not ready to work at this time.
- I am or my relative is currently going to a work force development training to help me or them get a job

**If you or your relative participated in an internship, work experience, or volunteer opportunity, please select the programs used to help you or your family member prepare for employment (check all that apply):**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Workability I (WAI) | <input type="checkbox"/> Career Technical Education (CTE) | <input type="checkbox"/> Paid Internship Program (PIP)  |
| <input type="checkbox"/> TPP                 | <input type="checkbox"/> One Stop / AJCC                  | <input type="checkbox"/> Workability III                |
| <input type="checkbox"/> College 2 Career    | <input type="checkbox"/> Project SEARCH                   | <input type="checkbox"/> Other:<br><input type="text"/> |

**How has the Universal Referral Process (URP) assisted in preparing for and/or getting a job?**

**Please provide suggestions to improve employment services:**

**Please comment regarding your satisfaction with the Orange County Universal Referral Process:**

Thank you for taking the time to complete the survey. Would you like to be contacted to provide additional feedback about the URP?

- Yes  
 No

### Additional Information

Name:

Email:

Phone number:

Pilot site (Please type the school or agency or organization providing employment related support):

Please provide your school or adult transition program or community college:

Please provide the community agency or service providers involved in the Universal Referral Process team:

Thank you for completing the survey!

Survey Powered By **Qualtrics**