

LINKS Placement Evaluation

Member: _____ Today's date: _____

Placement Site: _____

Site Supervisor: _____

May we share this information with your Site Supervisor? _____

Please use the rating scale below to answer the following questions regarding your placement site, your site supervisor, and the LINKS program. Feedback from this survey is used to continually improve the LINKS program and the service experience for future LINKS members.

5=Excellent

4=Very Good

3=Satisfactory

2=Needs Improvement

1=Unsatisfactory

1. I was provided with an appropriate physical workspace and the equipment needed to perform my service. _____

2. I was provided with the site specific skills needed to be successful. _____

3. My supervisor was accessible to me when I had questions or concerns. _____

4. I felt empowered and supported at my site/by my site supervisor. _____

5. LINKS staff provided adequate support and communication during the enrollment process and during my service term. _____

Do you have other concerns regarding your sponsoring site or the LINKS program that you would like us to know?