



Your Feedback Matters!

Date: _____

Please take a moment and fill out this brief survey, and place in the drop box provided. It will help us serve you better! *(If more space is needed, please write on back of this card.)*

1. Were you assisted by someone to initiate the video conference equipment today? Yes No

Comments: _____

2. Did you feel comfortable using the video conference service? Yes No If no, what would have been helpful?

Comments: _____

3. What was your primary goal for today's video conference? Were you able to accomplish this goal through the video conference facilities? Yes No If no, what else would have been helpful? _____

4. How would you rate your experience using **KANSASWORKS** Virtual Services? Exceptional Satisfactory

Unsatisfactory Comments: _____

5. Would you use the video conference equipment again to accomplish your goal? Yes No If no, please share your feedback: _____

6. Did you need any additional accommodations to use the video conference equipment and were those accommodations adequate? Yes No If no, what would have been helpful? _____

7. Would you recommend **KANSASWORKS** Virtual Services to others? Yes No Comments: _____
