

Office:

Counselor:

**Strongly  
Agree**

**Somewhat  
Agree**

**Somewhat  
Disagree**

**Disagree**

1. My case has been handled with a sense of urgency.
2. I have been treated courteously, with respect and compassion.
3. Services provided by Vocational Rehabilitation will help me (or has helped me) obtain employment.
4. I have been informed of my rights as a consumer.
5. I would like to be contacted by a supervisor.

Name:

Phone Number:

**Comments:**

[e-mail: commentcard@vr.dese.mo.gov](mailto:commentcard@vr.dese.mo.gov)