



Client: _____ Date: _____
Interview Facilitator(s): _____

CLIENT INTERVIEW
Independent Living Services
FY 2014/2015

1. Are you happy with the independent living services that you are receiving?

YES NO Please explain.

2. Are you developing the skills that you want to learn? YES NO Please explain.

3. Do your objectives (ISP) include items that are important to you? YES NO
Please explain.

4. Are you learning to advocate/speak for yourself and make your own decisions?
 YES NO Please explain.

5. Can you get to the places you need to go? YES NO Please explain.

6. Do you feel your privacy/confidentiality is maintained and respected? YES NO Please
explain.

7. Are you happy with your CIS staff who work with you? YES NO Please explain.

8. What do you like best about independent living? Please explain.

9. Is there anything you would like to change about the independent living services you receive?
 YES NO Please explain.

Thank you for your input which helps us strive to exceed your expectations.
Please return this survey by mail, fax, or hand delivery to any CIS staff person.

FOLD HERE FOR MAILING



Community Interface Services
2621 Roosevelt Street
Carlsbad, CA 92008-1660

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DO NOT STAPLE - PLEASE TAPE