



Division of Vocational Rehabilitation Youth Peer Mentoring (YPM) Services Customer Survey

Customer Name:	Customer VR ID Number:
Peer Mentor:	Peer Mentor Coordinator:
Provider Name:	Date:

Please provide responses to the following questions about your Youth Peer Mentoring Services.

Read the following sentences and check the answer that shows how much you agree or disagree with the sentence.	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
1. Youth Peer Mentoring services helped me get new services.					
2. Youth Peer Mentoring services taught me how to get services on my own.					
3. I feel more connected to people in my community than before.					
4. I feel more confident about getting services on my own.					
5. I feel confident about speaking up for myself.					
6. I would recommend Youth Peer Mentoring Services to others.					
Please let us know some the things you liked about Youth Peer Mentoring services and why.					
Please let us know some the things you did not like about Youth Peer Mentoring Services and ways it can be better.					

Customer Signature: _____ Date: _____