# CO_1C_BLACK_SLDAnnual Vocational Questionnaire

|  |  |
| --- | --- |
| Name |  |
| Date |  |
| Employer |  |
| Position |  |
| Instructions: Employment Specialists must complete this 90 days prior to the PCSP expiration date.  |
|  | Agree | Unsure | Disagree |
| I am happy with my job.  |  |  |  |
| I am able to perform all of my job duties. |  |  |  |
| I am happy with my co-workers. |  |  |  |
| My co-workers treat me with respect. |  |  |  |
| I am happy with my supervisor. |  |  |  |
| My supervisor treats me with respect. |  |  |  |
| I receive the accommodations I need to be successful. |  |  |  |
| I am happy with my schedule. |  |  |  |
| I receive adequate pay for my services.  |  |  |  |
| I have the opportunity for the advancement I desire.  |  |  |  |
| I am happy I chose this employment field. |  |  |  |
| I know the safety protocols at my job. |  |  |  |
| My overall satisfaction with my position is high.  |  |  |  |
| Job Duties  | Able to Perform | Difficult to Perform | Unable to Perform |
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|  |  |  |  |
| Customer/Employee Comments:  |
| Customer Signature: | Date: |
| Employment Specialist Signature: | Date: |
| Date Employment Specialist provided to Program Coordinator: |