# CO_1C_BLACK_SLDAnnual Vocational Questionnaire

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| --- | --- | --- | --- | --- | --- |
| 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: | | | | | |