

## DYS COMMUNITY SERVICE PROVIDER SURVEY (BASIC WORD DOCUMENT FORMAT)

*Thank you for your partnership with DYS and our ongoing community service efforts. We would appreciate your feedback on your experience working with us and the services we provided to your organization.*

*If you have any questions please email [reentry@dys.ohio.gov](mailto:reentry@dys.ohio.gov)*

*Thank You!*

1. Name of Organization:

2. Individual Completing Survey:

3. Please select the DYS facility that serviced you for your community service project:

Circleville Juvenile Correctional Facility (Circleville)

Indian River Juvenile Correctional Facility (Massillon)

Cuyahoga Hills Juvenile Correctional Facility (Cleveland)

Northern Parole Region

Southern Parole Region

Other (Please Specify)

4. Our community service project was completed...

At our facility/selected location

At a DYS facility/site

5. Overall, how satisfied or dissatisfied are you with working with DYS for your community service needs?

Very satisfied      Somewhat satisfied      Neither satisfied nor dissatisfied  
Somewhat dissatisfied      Very dissatisfied

6. How would you rate the quality of the DYS point person you worked with?

Very high quality      High quality      Neither high or low quality      Low quality      Very low quality  
Please provide any helpful suggestions or feedback:

7. How would you rate the quality of the collaboration between your organization and DYS for your community service project?

Very high quality      High quality      Neither high or low quality      Low quality      Very low quality

8. What did you enjoy most about working with DYS for your community service needs?

9. What could have been improved on to make your experience better?

END OF SURVEY (SENDS THE PARTICIPANT TO OUR DYS WEBSITE)