Career Opportunity Development, Inc.

CODI

901 Atlantic Avenue

Egg Harbor City, NJ 08215-1810

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FY 2026 ATS Satisfaction Survey

Dear Consumer:

The purpose of this survey is to find out what you think about CODI services. Please complete the survey below and return in the envelope provided. You may also complete the survey online at www.njcodi.org under "Online Surveys." Select "FY 2026 ATS Satisfaction Survey" and follow the prompts. This survey is anonymous, but you may include your name if you wish. If you have any questions, please call Paul D'Acunto, Quality Improvement Specialist, at 609-965-6871.

Thank you for taking the time to complete this survey.

Sincerely,

Linda Carney
President / CEO

	Agree	Disagree
1. Staff are helpful, friendly, and polite.	O	O
2. I feel comfortable expressing my opinions and sharing input with staff.	O	O
3. There are several different ways to offer feedback about the programs, including suggestion box, satisfaction survey, advocacy meeting, and website.	O	O
4. Using the phone system to contact staff was simple and current with common technology standards.	O	O
5. Searching the website for location, contact information, services available, hours of operation, or performance outcome measures was easily accessible.	O	O
6. CODI's written materials are accessible and easy to understand.	O	O
7. Using person-centered planning, I am actively involved in developing my treatment plan.	O	O
8. Staff help me work on my treatment plan goals.	O	O
9. Staff are sensitive to my cultural and/or religious beliefs and practices.	O	O
10. I understand my rights, including the grievance procedure.	O	O
11. My quality of life has improved since being in the program.	O	O

12. I am satisfied with the safety and comfort of my program area.	O	O
13. The property and location are easily accessible for my needs.	O	O
14. I am satisfied with the day habilitation training and activities.	O	O
15. I am satisfied with the community activities.	O	O
16. If I had a special need, reasonable accommodation was attempted or made.	O	O
17. The program meets my needs.	O	O
18. In the event of an emergency, I can access health and safety information for safe evacuation or other emergency situations.	O	O
19. I would recommend the program to others.	O	O

	Excellent	**Good**	**Fair**	**Poor**
20. Please rate the overall quality of services.	O	O	O	O

What do we do best?

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How can we improve?

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