In our effort to continually improve the delivery of our programs and services, we give great value to your feedback. (Sa aming layunin na patuloy na mapaghusay ang pagbibigay ng aming mga programa at serbisyo, aming pinahahalagahan ang inyong komento/mungkahi.)

Please put a check mark in the appropriate box corresponding to the program you have availed of. (Pakilayan ng tsek ang kahon na nagsasaad ng programang napakinabangan.)

- Special Program for Employment of Students (SPES)
- Government Internship Program (GIP)
- Labor Market Information (LMI)
- Employment Facilitation Program through the Public Employment Service Office (PESO)
- Tripartite Industrial Peace Council (TIPC/TRIPARTISM)
- Single Entry Approach (SENA)
- Speedy and Expeditious Delivery (SpeED) of Labor Cases
- Dispute Resolution
- Labor Laws Compliance System (LLCS)
- Workers Organization Development Program (WODP)
- Labor and Employment Education Services (LEES)
- Union/CBA/Workers Association Registration
- DOLE Integrated Livelihood and Emergency Employment Program (DILEEP)
- Social Amelioration Program (SAP)
- Child Labor Prevention and Elimination Program (CLPEP)
- Family Welfare Program (FWP)
- Balik Pinay, Balik Hanapbuhay
- Livelihood Development Assistance Program (LDAP)
- OTHERS (Services provided by ROs/FOs, OSEC, Services, Bureaus):

Please encircle the number that best describes your assessment of the program/service availed of and the quality of our facilities. (Pakibiliban ang bilang na tumutugma sa iyong kasagutan).

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I. Efficiency

The program/service was (Ang programa/serbisyo ay):

1. Provided on time (Naibigay sa taksang oras) | 1 2 3 4
2. Provided courteously (Ibinigay ng may pagsalang) | 1 2 3 4

II. Effectiveness

3. Responded to your needs (Nakatugon sa iyong pangangailangan) | 1 2 3 4
4. Will you recommend the program/service to other people? (Mairerekomenda mo ba ang programa/serbisyon ito sa ibang tao?) | 1 2 3 4

III. Quality of Facilities (For walk-in clients only)

5. Signage (Mga Panuto) | 1 2 3 4
6. Orderliness of Receiving Area (Kaayusan ng Tanggapan) | 1 2 3 4
7. Cleanliness of the Office and Toilet (Kalinisan ng Opisina at Palikuran) | 1 2 3 4

Other comments/recommendations which may help improve the quality of the program implementation/service delivery. (lba pang komento/mungkahi na maaring makatulong upang mapagbuti ang kalidad ng pagpapatupad ng programa/pagbibigay ng serbisyo.)

Thank you (Salamat po.)

Name/Pangalan (Optional/Opsyonal): __________________________ Signature/Lagda: __________________________

Program/Service Provider (Office/Opisina): __________________________ Person/Tao: __________________________

Date (Petsa): __________________________