

## ***Mason Municipal Court Probation/Supervision Exit Survey***

Please take a few moments to fill out this survey. Your answers will help the probation department evaluate and improve its services, especially around the relationship you have with your probation officer. We are not asking for your name. Your answers will not be connected to you. When you are finished, please take survey to the clerk's window in the lobby/deposit in drop box in front of court building/mail it to the court. If you have any questions, please ask the staff for help. Thank you for your time.

**Date:** \_\_\_\_\_

**Please indicate your age:** \_\_\_\_\_ **What is your gender?** ( ) Male ( ) Female

**What is the highest grade you have completed? (Only mark one)**

- ( ) Less than high school      ( ) High school diploma      ( ) GED Completion  
 ( ) Some College      ( ) Trade School Certificate      ( ) College Degree  
 ( ) Post-graduate Degree

**What is your current employment status? (Only mark one)**

- ( ) Full-time (35 hrs. or more per week)      ( ) Part-time (17-34 hrs. per week)  
 ( ) Irregular (less than 17 hrs. per week)      ( ) Not working or looking for work  
 ( ) Retired      ( ) Disabled

**What is your current school schedule? (Mark only one)**

- ( ) Full-time      ( ) Part-time      ( ) Not in school

**How long have you been on Supervision?**

- ( ) Less than 6 months      ( ) 6-12 months      ( ) More than 12 months ( ) \_\_\_\_\_  
Length

**Please circle all the programs you were involved with and rate their helpfulness using the following scale:**

	4=Excellent	3=Very Good	2=Fair	1=Poor
1. Substance Abuse Treatment	4	3	2	1
2. Mental Health Services	4	3	2	1
3. Thinking for a Change	4	3	2	1
4. Electronic Monitoring/TAD unit	4	3	2	1
5. Domestic Violence Program	4	3	2	1
6. SAM (substance abuse monitoring)	4	3	2	1
7. GED Classes	4	3	2	1
8. Sex Offender Counseling	4	3	2	1
9. Anger Management Treatment	4	3	2	1
10. Other _____	4	3	2	1

**Please circle one of the following relating to your professional relationships with your probation officer:**

**My Probation Officer:**

	4=Excellent	3=Very Good	2=Fair	1=Poor
11. Listens to what I have to say.	4	3	2	1
12. Asks for my input.	4	3	2	1
13. Treats me with respect.	4	3	2	1
14. Clearly explains to me rules and expectations.	4	3	2	1
15. Answers my questions.	4	3	2	1
16. Explains other services available to me.	4	3	2	1
17. Is available when I need them.	4	3	2	1
18. Genuinely cares about my ability to succeed.	4	3	2	1

**My feelings about probation:**

	1=Agree	2=Disagree	3=Don't Know
19. I understand my probation rules and understand that there are consequences for breaking rules.	1	2	3
20. Being on probation is keeping me out of trouble with the law.	1	2	3
21. Probation has helped me get along better with my family and friends.	1	2	3
22. Since being on probation, I have begun taking more responsibility for my own behavior.	1	2	3
23. Overall, I am satisfied with probation services I am receiving/ed.	1	2	3

**Did you have any probation violations?**                       No     Yes  
 If yes, please explain:

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**What are your goals now that you have completed Probation?**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Maintain/seek employment           | <input type="checkbox"/> Maintain stable residence | <input type="checkbox"/> Avoid illegal activity |
| <input type="checkbox"/> Maintain Pro-Social/Peers/Attitude | <input type="checkbox"/> Pay costs/restitution     | <input type="checkbox"/> Maintain sobriety      |
| <input type="checkbox"/> Maintain Mental Health Treatment   | <input type="checkbox"/> Other: _____              |   |

**Please rate your overall progress on Probation:**

- High                                       Average                                       Low

**Please provide any other comments, suggestions, or recommendations that you may have.**

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