

Legal Aid Foundation of Los Angeles
DRIVER'S LICENSE CLINIC FOLLOW-UP FORM
For 1/26/04 Clinic at Job Starts, Inc.

Thank you for participating in a driver's license clinic we sponsor for persons needing a valid license to get living-wage jobs or training for such jobs. We want to make sure our clinics help people get the license and jobs or job training they need. Your answers to the following questions about the clinic will help us do so. Please use the enclosed postage-paid envelope to return your answers to us by 5/7/04. Thank you.

1. NAME: _____
ADDRESS: _____
PHONE(S): _____

2. (a) Has your driver's license been fully reinstated? YES ___ NO ___
(b) If not, were you able to get a restricted license? YES ___ NO ___
*If you answered "YES" to either of the above questions, skip to question #3.
(c) Have you made progress towards getting a license? YES ___ NO ___
(d) Describe your progress; if none, explain why not and skip to question #4.

3. (a) Did getting a license help you get a new or better job? YES ___ NO ___
(b) If "YES", what kind of job and what does it pay per hour or per month?

(c) If "NO", did it help you get into a job training program? YES ___ NO ___
(d) If "YES", what kind of job training and how long is the training?

4. Was the driver's license clinic helpful to you? YES ___ NO ___
If "NO", explain why not and what we can do to make it helpful.



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