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| Check for Understanding This document is used to verify that the employee attending the training (The Trainee), understands the key points of the training provided. |
| **Topic:** | Customer Service |
| Circle the best answer to the following questions  |
| 1. | How are local government employees projected in the movies, T.V. shows, etc.?A. IneptB. BackwardsC. UneducatedD. All of the above |
| 2. | How do most people feel when they have to deal with their local government?A. JoyfulB. HappyC. There’s going to be an argumentD. Depressed |
| 3. | Why does the public normally interact with local government?A. Pay finesB. Pay taxesC. Pay utility billsD. All of the above |
| 4. | When dealing with the general public, we must remember they are our \_\_\_\_\_. A. EnemyB. CustomerC. Tax payersD. None of the above |
| 5. | When dealing with our customers, we are \_\_\_\_\_.A. Problem solversB. Dr. PhilC. Problem makersD. Uninterested |
| 6. | 1st impressions are \_\_\_\_\_. A. Short livedB. Soon forgottenC. Lasting impressionsD. A fallacy |
| 7. | How should we conduct ourselves when it’s a tough interaction?A. Fold our armsB. FrownC. Present bad body languageD. None of the above |
| 8. | To assist in changing our customer’s attitude, we should \_\_\_\_\_.A. Practice empathy / not sympathyB. Remember they are mad at the system C. Don’t take the criticism personallyD. All of the above |
| 9. | To ensure we are listening carefully, we should \_\_\_\_\_.A. Not multitaskB. Not interruptC. Be patientD. All of the above |
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| 10. | At the end of our interaction with our customer, we should finish with a \_\_\_\_\_.A. Look of disgustB. FrownC. SmileD. Bored look |
| **Employer’s Name** **City/ County:** |  |
| **Trainee Section** – By signing this document, I verify that I have viewed the entire training video and completed the questions within “Check for Understanding” document without any outside assistance. |
| Print Trainee’s Name:  |  | Date |  |
| Trainee’s Signature:  |  |
| **Employer’s Training/ Safety/ HR Coordinator Section** – By signing this document, I verify that the “Trainee” has viewed the entire training video and completed the questions within “Check for Understanding” document without any outside assistance. |
| Print Coordinator’s Name:  |  | Date |  |
| Coordinator’s Signature:  |  |
| Please scan and return via e-mail to lgrmsadmin@lgrms.com or via mail to LGRMS, 3500 Parkway Lane, Suite 110, Norcross, GA, 30092 |