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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. Inept  B. Backwards  C. Uneducated  D. All of the above | | | | | |
| 2. | How do most people feel when they have to deal with their local government?  A. Joyful  B. Happy  C. There’s going to be an argument  D. Depressed | | | | | |
| 3. | Why does the public normally interact with local government?  A. Pay fines  B. Pay taxes  C. Pay utility bills  D. All of the above | | | | | |
| 4. | When dealing with the general public, we must remember they are our \_\_\_\_\_.  A. Enemy  B. Customer  C. Tax payers  D. None of the above | | | | | |
| 5. | When dealing with our customers, we are \_\_\_\_\_.  A. Problem solvers  B. Dr. Phil  C. Problem makers  D. Uninterested | | | | | |
| 6. | 1st impressions are \_\_\_\_\_.  A. Short lived  B. Soon forgotten  C. Lasting impressions  D. A fallacy | | | | | |
| 7. | How should we conduct ourselves when it’s a tough interaction?  A. Fold our arms  B. Frown  C. Present bad body language  D. None of the above | | | | | |
| 8. | To assist in changing our customer’s attitude, we should \_\_\_\_\_.  A. Practice empathy / not sympathy  B. Remember they are mad at the system  C. Don’t take the criticism personally  D. All of the above | | | | | |
| 9. | To ensure we are listening carefully, we should \_\_\_\_\_.  A. Not multitask  B. Not interrupt  C. Be patient  D. All of the above | | | | | |
|  |  | | | | | |
| 10. | At the end of our interaction with our customer, we should finish with a \_\_\_\_\_.  A. Look of disgust  B. Frown  C. Smile  D. 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](mailto:lgrmsadmin@lgrms.com) or via mail to LGRMS, 3500 Parkway Lane, Suite 110, Norcross, GA, 30092 | | | | | | |