**Proposed Information Collection Request**

**Rapid Response Self-Assessment**

**Customer Satisfaction Survey**

**Introduction**

The U. S. Department of Labor's Employment and Training Administration (ETA) seeks a more comprehensive understanding of the impacts to the Rapid Response programs across the country following delivery and use of a new type of technical assistance, a Rapid Response Self-Assessment tool. The attached customer satisfaction questionnaire is designed to gain an understanding of how state and local practitioners responded to the Self-Assessment tool, whether they felt if provided value, and whether positive changes were made to their programs as a result of using the tool. Use of the Self-Assessment tool was voluntary and it was made available through a public notification (via ETA’s Training and Employment Notice 32-11). The proposed Information Collection effort will help ETA understand the value of this particular technical assistance effort and help inform the development of future technical assistance tools for the Rapid Response program and across the Agency.

If you have any questions as you complete this online questionnaire, please contact Erica Cantor, Administrator, Office of National Response ([cantor.erica@dol.gov](mailto:cantor.erica@dol.gov)) or call the Office of National Response at 202-693-3500.

For general information about the Rapid Response program, please contact Jeff Ryan at the United States Department of Labor, Employment and Training Administration, at[ryan.jeff@dol.gov.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such a collection displays a valid OMB control number. The valid OMB control number for this information collection is 1205-0436. The time required to complete this information collection, which is voluntary, is estimated to average 15 minutes per response, including the time to review instruction, search existing data resources, gather the data needed and complete and review the information collection. Any comments concerning the accuracy of the time estimate or suggestions for improving this form should be submitted in writing to the U.S. Department of Labor, Office of National Emergency Response, Washington, D.C. 20210.

**Rapid Response Self-Assessment Survey**

**Proposed Questions**

**Part I: Overall Satisfaction**

1. What was your overall level of satisfaction with the Rapid Response Self-Assessment tool?

* 5—Very satisfied
* 4—Mostly satisfied
* 3—Neutral
* 2—Somewhat dissatisfied
* 1—Very dissatisfied

1. Please list up to three reasons for the satisfaction level rating that you provided to the question 1, above.  *[TEXT BOX-NUMBERED 1, 2, 3]*
2. What was your level of satisfaction with the *content* of the Rapid Response Self-Assessment tool?

* 5—Very satisfied
* 4—Mostly satisfied
* 3—Neutral
* 2—Somewhat dissatisfied
* 1—Very dissatisfied

1. What was your level of satisfaction with the *format* of the Rapid Response Self-Assessment tool?

* 5—Very satisfied – it was easy to follow and complete
* 4—Mostly satisfied
* 3—Neutral
* 2—Somewhat dissatisfied
* 1—Very dissatisfied **–** it was confusing and difficult to complete

1. The Self-Assessment tool was:
   * 5—Much too long
   * 4—A little long
   * 3—Just right
   * 2—A little short
   * 1—Much too short
2. How likely are you to recommend this Self-Assessment tool to another Rapid Response practitioner?
   * 5—Very likely
   * 4—Somewhat likely
   * 3—Neither likely nor unlikely
   * 2—Somewhat unlikely
   * 1—Very unlikely
3. How likely are you to use this Self-Assessment tool on an ongoing basis as part of your continuous improvement processes?
   * 5—Very likely
   * 4—Somewhat likely
   * 3—Neither likely nor unlikely
   * 2—Somewhat unlikely
   * 1—Very unlikely

*If you wish to provide additional details about your rating, please feel free to do so below: [TEXT BOX]*

7a. What did you like about the Rapid Response Self-Assessment tool? *[TEXT BOX]*

7b. What did you not like about the Rapid Response Self-Assessment tool? *[TEXT BOX]*

**Part II: Value & Impact**

1. How would you rate the experience of conducting the Self-Assessment with respect to the value it delivered to your organization?

* 5—Highly valuable
* 4—Mostly valuable
* 3—Neutral
* 2—Somewhat valuable
* 1—Had no value

*If you wish to provide additional details about your rating, please feel free to do so below:[TEXT BOX]*

1. Did you make or plan to make improvements to the following elements of your Rapid Response Program, based on what you learned from completing the self-assessment tool?  (Select all that apply)
   * Policies
   * Practices
   * Partnerships
   * Other (*please describe*):[Text box]

**Part III: General Information**

1. How did you learn about the Rapid Response Self-Assessment?
   * Regional Rapid Response Roundtable meeting
   * Training and Employment Notice 32-11
   * From a Department of Labor Employment and Training Administration staff member
   * From your state Rapid Response coordinator
   * Other *(please identify*)
2. What is your current job position.

* State Rapid Response coordinator
* State workforce system manager (*If you do not manage Rapid Response,* *please identify the program you manage*)
* State Rapid Response team member
* Local Workforce Investment Board director or manager
* Local Rapid Response team member
* Rapid Response partner (*please identify partner organization*)
* Other

1. What process was used to complete the Self-Assessment tool?

* Collaborative process that included Rapid Response staff and management
* Collaborative process that included Rapid Response staff and other stakeholders
* Completed by Rapid Response staff alone
* Completed by management alone
* Other *(please describe)*

**Part IV: Continuous Improvement**

1. Please identify the Rapid Response technical assistance materials you would like ETA to provide in the future. *[TEXT BOX]*