



Exit this survey

OAS Survey (2013)

OMB Control No. 0690-0030
Expiration Date: 04/30/2014

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*** 1. Your Full Name**

*** 2. Your Organization**

*** 3. Please provide your assessment to the following questions:**

	Poor; substantially failed to meet expectations	Below Average	Average; met expectations	Above average	Excellent; substantially exceeded expectations
What was the overall quality of OAS's work product?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How well did we understand your needs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did we make an appropriate level of commitment and assignment of resources to meet your needs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Poor; substantially failed to meet expectations	Below Average	Average; met expectations	Above average	Excellent; substantially exceeded expectations
Did we respond in a timely manner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were we responsive to your questions/requests and other communications?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did we otherwise communicate effectively?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. How can we improve our services?

Done