U.S. Department of Education, Office for Civil Rights - Recipient

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Technical Assistance Feedback Questionnaire - Recipient/Administrator/Teacher/Counselor

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*1. Contact Information:

Name:	
School/District/University	
Address:	
Address 2:	
City/Town:	
State:	-- select state --
ZIP:	
Email Address:	
Phone Number:	

*2. Technical Assistance Presentation Information

Presentation Title/Subject:	
Date:	
Location/City	
City/Town:	
State:	-- select state --

✳ 3. Was the information in OCR's presentation useful?

○ Extremely Useful

○ Very Useful

○ Moderately Useful

○ Slightly Useful

○ Not at all Useful

✳ 4. The information gained from OCR's presentation resulted in the following activity at my educational institution (check all that apply)

☐ In-service training

☐ Reviewed our policies and/or procedures

☐ Changed our policies and/or procedures

☐ Modified a Handbook and/or Published Materials

☐ Other

☐ No action taken

Other (please specify)

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[                                                                    ]
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5. Could you provide any specific details about how the information obtained from OCR's presentation was used and/or how it has resulted in any change for you, your institution or others?

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[                                                                    ]
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6. What topics would you most like to learn about at future presentations?

*7. May we contact you regarding your response to this survey?

○ Yes

○ No

Done

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