

Federal Student Aid 2013 Awareness and Outreach Peers Survey

[Programming instructions in bold brackets]

Thank you for attending the Federal Student Aid presentation on **[insert date]**. The purpose of this survey is to provide feedback on how we can better partner with you. It has less than ten questions and will take approximately five minutes to complete. This survey is authorized by the U.S. Office of Management and Budget, Control No. 1845-0045.

1. I use the following resources from Federal Student Aid: (check all that apply)
 - a. Print publications
 - b. StudentAid.gov
 - c. FAFSA.gov
 - d. FSA4counselors.gov
 - e. Federal Student Aid Facebook page
 - f. @FAFSA Twitter account
 - g. Federal Student Aid YouTube channel
 - h. Videos and infographics
 - i. Other [please specify]
 - j. None of the above

2. Please indicate how you have used or will use Federal Student Aid's information and resources (check all that apply):

	I have taken the following action...		I am planning to ...
<input type="checkbox"/>	Organized a FAFSA completion event	<input type="checkbox"/>	Organize a FAFSA completion event
<input type="checkbox"/>	Organized a college access event	<input type="checkbox"/>	Organize a college access event
<input type="checkbox"/>	Shared information with potential postsecondary students	<input type="checkbox"/>	Share information with potential postsecondary students
<input type="checkbox"/>	Updated my organization's materials or websites	<input type="checkbox"/>	Update my organization's materials or websites
<input type="checkbox"/>	Shared information with my partners in the community	<input type="checkbox"/>	Share information with my partners in the community
<input type="checkbox"/>	Created community partnerships	<input type="checkbox"/>	Create community partnerships
<input type="checkbox"/>	Created a community campaign around financial aid	<input type="checkbox"/>	Create a community campaign around financial aid
<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>	Other (please specify)
<input type="checkbox"/>	None/not applicable	<input type="checkbox"/>	None/not applicable

3. **[Optional]** Please tell us more about the actions you checked above. We are interested in promising practices that we can share with others.

4. **[If Q2 = anything other than none/not applicable]** Would you like assistance from Federal Student Aid's Awareness and Outreach Team with identifying relevant resources for the actions selected above?
 - a. Yes
 - b. No

5. **[Optional. If Q3 is answered or Q4=a]** Please provide us with the following information:
 - a. Name
 - b. Organization
 - c. Email address

6. How can Federal Student Aid better meet your organization's needs for information and resources?

7. What type of organization are you representing?
 - a. College or university
 - b. High school
 - c. Nonprofit
 - d. Government – federal, state, or local
 - e. Faith-based organization
 - f. For-profit
 - g. Other (please specify)

8. What is the name of the organization you are representing?

9. How many individuals does your organization serve annually? Please provide an estimate. **[Capture number and validate numeric value entered]**

10. Please estimate the number of individuals served in each category. Note: These numbers may overlap, if an individual falls into more than one category. **[Capture number and validate numeric value entered]**

Population	Estimated number of individuals served over the course of a year
High school students	
Parents	
Non-traditional students (over the age of 25)	
First-generation students (parents do not have a college degree)	
Low-income students	
Veterans	
Other (please specify)	
Not applicable (please specify)	

Thank you for your feedback.