



COMMUNITY RESOURCE DAY PROGRAM PARTICIPANT FEEDBACK SURVEY

Form Approved
OMB No. 3225-0002
Exp. Date: 02/28/2017
Form: PRA-ID-1

TODAY'S DATE: _____

CSOSA respectfully requests that you complete the following survey upon completion of your participation in today's Videoconference. The feedback received from this survey will be used solely to help improve future Community Resource Day programs. Completion of this survey is voluntary. Refusing to complete this survey will not result in any penalties. Your responses are important, encouraged, and will be treated as confidential. Your responses will only be disclosed as permitted under the Privacy Act (5 U.S.C. 552a).

Once completed, please return the survey face down to designated Bureau of Prisons personnel, who will give the form to CSOSA. Thank you.

1. In general, how would you rate today's program?

- Excellent Good Fair Poor

2. What did you find most useful about Community Resource Day?

3. What did you find least useful about Community Resource Day?

4. What, if any, important information was left out?

5. Which of the following services will you need upon your release? (Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Substance Abuse Treatment | <input type="checkbox"/> Job Training Programs |
| <input type="checkbox"/> Medical Care | <input type="checkbox"/> Education |
| <input type="checkbox"/> Housing | <input type="checkbox"/> None |
| <input type="checkbox"/> Employment Referrals | <input type="checkbox"/> Other, please explain: _____ |

6. As a result of today's program, do you know where to get the services you need upon your release?

- Yes, for all services Yes, for some services No, not for any services

7. Do you expect to visit any of the programs or services presented today?

- Definitely Probably Might or might not Probably not Definitely not

8. Do you have any suggestions for improving this program?

Public reporting burden for this collection of information is estimated to be 6 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or another aspect of this collection of information, including suggestions for reducing this burden to:

*Court Services and Offender Supervision Agency | Office of Research and Evaluation | 601 Indiana Ave. NW, Suite 512 |
Washington, DC 20004*

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number.