



# COMMUNITY RESOURCE DAY PROGRAM PRESENTER FEEDBACK SURVEY

Form Approved  
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Form: PRA-ID-2

TODAY'S DATE: \_\_\_\_\_

Please complete this form before you leave today. Your responses will help us improve future Community Resource Day programs. Your participation 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 you have completed your survey, please place the form face down in the designated survey reply box, located adjacent to the conference room exit door. Thank you.

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

- Excellent       Good       Fair       Poor

2. What suggestions do you have for improving future Community Resource Day programs?

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3. Did we provide you with the necessary tools for your presentation?       Yes       No

- If answered "NO", please explain: \_\_\_\_\_

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4. Are there any other topics you suggest be included in future Community Resource Day Programs?

- Yes       No

- If answered "YES", please explain: \_\_\_\_\_

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5. How would you rate the effectiveness of Community Resource Day in helping your organization connect with returning citizens upon release?

- Very Effective       Effective       Somewhat Effective       Not Effective       Don't Know

Please explain: \_\_\_\_\_

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

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