***Survey for Direct Customers***

Thank you for attending a Federal Student Aid presentation**.** The purpose of this survey is to receive feedback on how FSA can better serve you.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number.  The valid OMB control number for this information collection is 1845-0045.  Public reporting burden for this collection of information is estimated to average 7 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.  The obligation to respond to this collection is voluntary.  If you have comments or concerns regarding the status of your individual submission of this survey, please contact the Office of Federal Student Aid, 830 First Street NE, Washington, DC 20202 directly.

1. How would you rate the Federal Student Aid presentation you attended?
	1. **[Scale of 1-5 with 1=poor, 2=needs improvement, 3=satisfactory, 4=good, 5=excellent]**
	2. **[text box]**
2. How would you rate the trainer(s)?
	1. **[Scale of 1-5 with 1=poor, 2=needs improvement, 3=satisfactory, 4=good, 5=excellent]**
	2. **[text box]**
3. Please rate the impact of the presentation in the following areas **[Scale of 1-5 with 1=poor, 2=needs improvement, 3=satisfactory, 4=good, 5=excellent]**
	1. Increased my knowledge of the federal student aid I may be eligible for
	2. Increased my knowledge of Federal Student Aid’s resources and tools and how I can use them
	3. Increased my ability to make decisions about college and financial aid
4. Please indicate if you knew of any of these resources prior to the presentation and if you plan to use them in the future (check all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **I did NOT know about this resource prior to attending the Federal Student Aid presentation** |  | **I DO plan to use this resource in the future** |
|  | StudentAid.gov  |  | StudentAid.gov  |
|  | FAFSA.gov |  | FAFSA.gov |
|  | Federal Student Aid publications (fact sheets, brochures, etc.) |  | Federal Student Aid publications (fact sheets, brochures, etc.) |
|  | Federal Student Aid videos and infographics  |  | Federal Student Aid videos and infographics  |
|  | 1-800-4-FED-AID (Federal Student Aid Information Center) |  | 1-800-4-FED-AID (Federal Student Aid Information Center) |
|  | Federal Student Aid Facebook page  |  | Federal Student Aid Facebook page  |
|  | @FAFSA Twitter account  |  | @FAFSA Twitter account  |
|  | Federal Student Aid YouTube channel |  | Federal Student Aid YouTube channel |
|  | Other (please specify) |  | Other (please specify) |

1. After attending this presentation, do you have a better understating of the Free Application for Federal Student Aid (FAFSA) and how to fill it out?
2. Yes
3. No
4. I don’t know
5. Are you a…
	1. High school student
	2. College student
	3. Adult student
	4. Parent/Guardian
	5. High school counselor
	6. Other high school staff
	7. Nonprofit staff
	8. Financial aid professional
	9. College counselor
	10. Other [please specify]
6. Are you the first in your family to go to college?
	1. Yes
	2. No
	3. I don’t know
7. [*Action –* **If Q6=a or b or c**] Do you plan to fill out a FAFSA? (please check one)
	1. Yes, I will submit a FAFSA as a result of this presentation
	2. Yes, I will submit a FAFSA, and I was already planning to do so before attending the presentation
	3. I already submitted a FAFSA prior to this presentation
	4. I do not plan to submit a FAFSA
	5. I am not sure if I will submit a FAFSA
	6. Other (please specify)
8. [*Action* ***–* If Q8=d or e**] If you are not sure, or do not plan to submit a FAFSA, please tell us why.
	1. I do not plan to enroll in college or career school
	2. I do not think I am eligible for financial aid
	3. I do not need financial aid
	4. I do not have all the information I need to submit a FAFSA
	5. The form is too difficult to fill out
	6. Other (please specify)
9. [*Action* – **If Q9=b**] Why do you think you are ineligible for financial aid?
	1. **[Text box]**
10. Please feel free to provide any additional feedback on how FSA can further improve.
	1. **[Text box]**

Thank you for your valuable feedback.