

Survey for Train the Trainers

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 5 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 event you attended?
 - a. [Scale of 1-5 with 1=poor, 2=needs improvement, 3=satisfactory, 4=good, 5=excellent]
 - b. [text box]

2. How would you rate the trainer(s)?
 - a. [Scale of 1-5 with 1=poor, 2=needs improvement, 3=satisfactory, 4=good, 5=excellent]
 - b. [text box]

3. Please rate the impact of the event in the following areas [Scale of 1-5 with 1=poor, 2=needs improvement, 3=satisfactory, 4=good, 5=excellent]
 - a. Increased my knowledge of Federal Student Aid policies and processes
 - b. Increased my knowledge of Federal Student Aid resources and tools
 - c. Increased my ability to assist individuals with the federal student aid process

4. What was the most important thing you learned from the presentation?
 - a. [text box]

5. Have you used any of the information, resources, and tools provided from the presentation?
 - a. Yes
 - b. No
 - c. Other [text box]

6. Please indicate how you have taken action or made plans as a result of the Federal Student Aid presentation (check all that apply):

	I have...		I am planning to ...
	Organized a FAFSA completion event		Organize a FAFSA completion event
	Organized a college access event		Organize a college access event
	Shared information with students and parents		Share information with students and parents
	Updated my organization's materials or websites		Update my organization's materials or websites
	Shared information with my partners in		Share information with my partners in

	the community		the community
	Created community partnerships		Create community partnerships
	Created a community campaign around financial aid		Create a community campaign around financial aid
	Other (please specify)		Other (please specify)
	None/not applicable		None/not applicable

7. Please tell us more about the actions you checked above. We are interested in innovative ideas that we can share with others.

a. **[Text box]**

8. What type of organization are you representing?

- a. College or university
- b. School district
- c. High school
- d. Middle School
- e. Nonprofit organization
- f. Faith-based organization
- g. Government – federal, state, or local
- h. For-profit
- i. I do not represent an organization (for example, consultant, independent advisor, etc.)
- j. Other (please specify)

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

a. **[Text box]**

10. *[Demographics]* How many individuals does your organization serve annually? Please provide an estimate.

a. **[Capture number and validate numeric value entered]**

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

Populations	Estimated number of individuals served over the course of a year
High school students	
Elementary or middle school students	
College Students	
Parents	
Non-traditional students (over the age of 25)	
First-generation students (parents do not have a college degree)	
Low-income students	
Active Military	
Veterans	
Undocumented Students	

Native Spanish Speakers	
Other [please specify - text box]	

12. Please feel free to provide any additional feedback on how FSA can further improve.
- a. [Text box]

Thank you for your valuable feedback.