

Customer Satisfaction Survey Introduction Screen

Your examination session is completed.

Please respond to the brief exit survey. Your feedback is important to us. This survey is voluntary and should take approximately three minutes.

The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests along with the address where you can send comments regarding the study. The OMB Control Number for this study is 1545-1432. If you have any comments regarding this study, please write to: IRS, Special Services Committee, SE:W:CAR:MP:T:M:S – Room 6129, 1111 Constitution Ave. NW, Washington, DC 20224.

Exit

Continue to Survey

EA-SEE Customer Satisfaction Survey

1. If you accessed the online scheduling system, how satisfied were you with the system? (scaled response: very satisfied, satisfied, dissatisfied, very dissatisfied)
2. How satisfied were you with the dates available to test? (scaled response: very satisfied, satisfied, dissatisfied, very dissatisfied)
3. Is there a testing center located within 100 miles of your residence? (yes/no)
4. Which of the following test preparation options did you use to prepare for the test? (Check all that apply)
 - a. Read the Candidate Information Bulletin
 - b. Watched the "What to Expect on Test Day" video on Prometric's website
 - c. Viewed the Sample Tutorial on Prometric's website
 - d. Participated in Prometric's free Test Drive program
 - e. Took a Test Prep Course from a Continuing Education (CE) Provider
 - f. Other
5. Did you request a testing accommodation? (yes/no)

If they selected "yes", then this set of questions appears:

- 5a. How satisfied were you with the application process? (scaled response: very satisfied, satisfied, dissatisfied, very dissatisfied)
- 5b. How satisfied were you with the accommodation you received? (scaled response: very satisfied, satisfied, dissatisfied, very dissatisfied)
6. How satisfied were you with the staff's helpfulness while at this center? (scaled response: very satisfied, satisfied, dissatisfied, very dissatisfied)
7. How satisfied were you with the performance of the testing system during your examination? (scaled response: very satisfied, satisfied, dissatisfied, very dissatisfied)
8. Please rate your overall satisfaction with your testing experience. (scaled response: very satisfied, satisfied, dissatisfied, very dissatisfied)
9. Please provide any other comments or suggestions you may have regarding the exam or overall test experience. (open-ended)