



## Vocational Rehabilitation and Employment Enrollment Satisfaction

## MARKING INSTRUCTIONS Please fill the response oval completely and print clearly. USE BLACK OR BLUE INK (NO RED) to complete the survey. CORRECT: INCORRECT:

OMB Control No. 2900-0782

Throughout the questionnaire, you may be asked to skip certain questions that may not apply to you.

|    | Bei | nefit Information ———————  |        |   |
|----|-----|--|--------|---|
| 1. | Ηοι | w did you FIRST learn about the VR&E benefit programs? (I  | MARK O | NLY ONE)  |
|    | 0   | Online (e.g., eBenefits.va.gov, VA website, etc.)  |        | Veterans Service Organizations (e.g., Amer. Legion, DAV,  |
|    |     | Mail (from VA)   |        | VFW, PVA, MOPH, etc.) (Please specify):                   |
|    | 0   | In person with a VA representative (e.g., VA medical center,   |        | Other Veterans/Servicemembers                             |
|    |     | VA Vet Center, Regional Office, TAP/DTAP briefing, etc.)   |        | Friends or family   |
|    |     | In person on a campus (VetSuccess on campus)   |        | Other (Please specify):                                   |
|    | 0   | In person on a military installation (Integrated Disability Examination System)                                      |        | Don't know or not sure                                    |
| 2. |     | at method(s) do you MOST FREQUENTLY use to obtain gen<br>ployment (VR&E) benefits or services? (MARK ALL THAT APPLY) | neral  | information about VA's Vocational Rehabilitation and      |
|    |     | Online (e.g., eBenefits.va.gov, VA website, etc.)  |        | Veterans Service Organizations (e.g., Amer. Legion, DAV,  |
|    |     | Phone  |        | VFW, PVA, MOPH, etc.) (Please specify):                   |
|    |     | Mail   |        | Department of Labor (Disabled Veterans' Outreach Program) |
|    | 0   | E-mail   |        | Friends or family   |
|    |     | In person with a VA representative (e.g., VA medical center,   |        | Other Veterans/Servicemembers                             |
|    |     | VA Vet Center, Regional Office, TAP/DTAP briefing, etc.)   |        | School  |
|    |     | In person on a campus (VetSuccess on Campus)   |        | Other (Please specify):                                   |
|    |     | In person on a military installation (Integrated Disability  |        | Don't know or not sure                                    |
|    |     | Examination System)  |        | None of the above   |
| 3. |     | v did you receive information about the application process for ployment benefit application? (MARK ALL THAT APPLY)  | your   | most recent Vocational Rehabilitation and                 |
|    |     | Transition Assistance Program  |        | Veterans Service Organizations (e.g., Amer. Legion, DAV,  |
|    |     | Phone  |        | VFW, PVA, MOPH, etc.) (Please specify):                   |
|    |     | Mail   |        | Department of Labor (Disabled Veterans' Outreach Program) |
|    |     | E-mail   |        | Other (Please specify):                                   |
|    |     | In person with a VA representative (e.g., VA medical center,   |        | Don't know or not sure                                    |
|    |     | VA Vet Center, Regional Office, etc.)  |        | Did not receive information about application process     |
|    |     | In person on a campus (VetSuccess on Campus)   |        |   |
|    | 0   | In person on a military installation (Integrated Disability Examination System)                                      |        |   |

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|           | <b>Benefit Information (Continued)</b>   |   |
|-----------|--|---|
| 4.        | How did you apply for the Vocational Rehabilitation and Employ   |   |
|           | IF YOU ARE UNSURE, PLEASE INDICATE THE FIRST WAY YOU REMEMBER LEARN  |   |
|           | VetSuccess on Campus   | <ul> <li>Veterans Service Organizations (e.g., Amer. Legion, DAV,</li> </ul>  |
|           | ☐ Mail   | VFW, PVA, MOPH, etc.) (Please specify):   |
|           | E-mail   | Other (Please specify):   |
|           | Online (e.g., eBenefits.va.gov, VA website, etc.)  | <ul> <li>Don't know or not sure</li> </ul>  |
|           | <ul> <li>In person with a VA representative (e.g., VA medical center,<br/>VA Vet Center, Regional Office, etc.)</li> </ul>   | C, Did not receive information about application process  |
| 5.        | How frequently would you like to receive communications (e.g., e-ma  | ails, letters, newsletters, etc.) from VA about VR&E benefits or services?  |
|           | (MARK ONLY ONE)  Weekly  Quarterly (every 3 months)  | <ul> <li>Annually (once per year)</li> <li>Don't know or not sure</li> </ul>  |
|           | Monthly Semi-annually (twice per year)   | Never   |
| 6.        | How would you like to receive information from VA about apply  | ring for VR&E benefits or services? (MARK ALL THAT APPLY)   |
|           | Phone  | <ul> <li>In person at a military installation (Integrated Disability</li> </ul>   |
|           | Mail from VA   | Examination System)   |
|           | □ E-mail from VA   | <ul> <li>Veterans Service Organizations (e.g., Amer. Legion, DAV,</li> </ul>  |
|           | Online (e.g., eBenefits.va.gov, VA website, etc.)  | VFW, PVA, MOPH, etc.) (Please specify):   |
|           | <ul> <li>In person with a VA representative (e.g., VA medical center.</li> </ul>   |   |
|           | VA Vet Center, Regional Office, etc.)  | <ul> <li>Don't know or not sure</li> </ul>  |
|           | <ul> <li>In person on a campus (VetSuccess on Campus)</li> </ul>   |   |
|           | The following question asks you to rate various aspects of your escale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 9  | experience with Vocational Rehabilitation and Employment, using a<br>5 is Average.  |
| 7.        | When thinking about your most frequently used methods of   |   |
|           | obtaining information about your VR&E benefit application o  | * * *   |
|           |  | Unacceptable Average Outstanding  |
|           |  | 1 2 3 4 5 6 7 8 9 10 N/A  |
|           | a. Ease of accessing information   | 1 2 3 4 5 6 7 8 9 10 NA   |
|           | <b>b.</b> Availability of information  | 1 2 3 4 5 6 7 8 9 10 NA   |
|           | c. Clarity of information  | 1 2 3 4 5 6 7 8 9 10 14   |
|           | d. Usefulness of information   |   |
|           | e. Frequency of information provided by VA f. Overall rating of information  |   |
|           |  |   |
|           | Benefit Eligibility and Application ———  |   |
| 8.        | What is the primary reason you applied/will apply for the VR   | &E program? (MARK ONLY ONE)   |
|           | <ul><li>Obtain employment</li><li>Receive trainin</li></ul>  | Other (D)   |
|           |  | ng Other (Please specify):  |
|           | Further my education     Improve job sk  | ,   |
| 9.        | Further my education Improve job sk Thinking about your most recent VR&E benefit application, w  | ,   |
| 9.        | <ul> <li>Further my education</li> <li>Improve job sk</li> <li>Thinking about your most recent VR&amp;E benefit application, w</li> <li>Online (e.g., eBenefits, Veterans Online Application, etc.)</li> </ul>   | kills  what method did you use to apply for your benefit? (MARK ONLY ONE)  Other (Please specify):  |
| 9.        | Further my education Improve job sk Thinking about your most recent VR&E benefit application, w  | what method did you use to apply for your benefit? (MARK ONLY ONE)  Other (Please specify):  Do not remember filling out an application (SKIP TO 023)   |
| 9.        | <ul> <li>Further my education</li> <li>Improve job sk</li> <li>Thinking about your most recent VR&amp;E benefit application, w</li> <li>Online (e.g., eBenefits, Veterans Online Application, etc.)</li> </ul>   | what method did you use to apply for your benefit? (MARK ONLY ONE)  Other (Please specify):  Do not remember filling out an application (SKIP TO Q23)   |
| 9.        | <ul> <li>Further my education</li> <li>Improve job sk</li> <li>Thinking about your most recent VR&amp;E benefit application, w</li> <li>Online (e.g., eBenefits, Veterans Online Application, etc.)</li> <li>Mail</li> <li>In person with a VA representative (e.g., VA medical center, VA Vet Center, Regional Office, etc.)</li> <li>In person at a Veterans Service Organization (e.g., Amer.</li> </ul>  | what method did you use to apply for your benefit? (MARK ONLY ONE)  Other (Please specify):  Do not remember filling out an application (SKIP TO 023)   |
|           | <ul> <li>Further my education</li> <li>Improve job sk</li> <li>Thinking about your most recent VR&amp;E benefit application, w</li> <li>Online (e.g., eBenefits, Veterans Online Application, etc.)</li> <li>Mail</li> <li>In person with a VA representative (e.g., VA medical center, VA Vet Center, Regional Office, etc.)</li> <li>In person at a Veterans Service Organization (e.g., Amer. Legion, DAV, VFW, PVA, MOPH, etc.)</li> </ul>   | what method did you use to apply for your benefit? (MARK ONLY ONE)  Other (Please specify):  Do not remember filling out an application (SKIP TO Q23)  Don't know or not sure   |
|           | <ul> <li>Further my education</li> <li>Improve job sk</li> <li>Thinking about your most recent VR&amp;E benefit application, w</li> <li>Online (e.g., eBenefits, Veterans Online Application, etc.)</li> <li>Mail</li> <li>In person with a VA representative (e.g., VA medical center, VA Vet Center, Regional Office, etc.)</li> <li>In person at a Veterans Service Organization (e.g., Amer. Legion, DAV, VFW, PVA, MOPH, etc.)</li> <li>Did you receive a notification confirming the receipt of your counselor? (MARK ONLY ONE)</li> </ul> | what method did you use to apply for your benefit? (MARK ONLY ONE)  Other (Please specify):  Do not remember filling out an application (SKIP TO 023)   |
|           | Further my education Improve job sk Thinking about your most recent VR&E benefit application, w Online (e.g., eBenefits, Veterans Online Application, etc.) Mail In person with a VA representative (e.g., VA medical center, VA Vet Center, Regional Office, etc.) In person at a Veterans Service Organization (e.g., Amer. Legion, DAV, VFW, PVA, MOPH, etc.) Did you receive a notification confirming the receipt of your counselor? (MARK ONLY ONE) Yes No (SKIP TO 012) Don't know or not sure  | what method did you use to apply for your benefit? (MARK ONLY ONE)  Other (Please specify):  Do not remember filling out an application (SKIP TO Q23)  Don't know or not sure  application with information about your initial meeting with your  |
| 9.<br>10. | <ul> <li>Further my education</li> <li>Improve job sk</li> <li>Thinking about your most recent VR&amp;E benefit application, w</li> <li>Online (e.g., eBenefits, Veterans Online Application, etc.)</li> <li>Mail</li> <li>In person with a VA representative (e.g., VA medical center, VA Vet Center, Regional Office, etc.)</li> <li>In person at a Veterans Service Organization (e.g., Amer. Legion, DAV, VFW, PVA, MOPH, etc.)</li> <li>Did you receive a notification confirming the receipt of your counselor? (MARK ONLY ONE)</li> </ul> | what method did you use to apply for your benefit? (MARK ONLY ONE)  Other (Please specify):  Do not remember filling out an application (SKIP TO Q23)  Don't know or not sure  application with information about your initial meeting with your  |
| 10.       | Further my education Improve job sk Thinking about your most recent VR&E benefit application, w Online (e.g., eBenefits, Veterans Online Application, etc.) Mail In person with a VA representative (e.g., VA medical center, VA Vet Center, Regional Office, etc.) In person at a Veterans Service Organization (e.g., Amer. Legion, DAV, VFW, PVA, MOPH, etc.) Did you receive a notification confirming the receipt of your counselor? (MARK ONLY ONE) Yes No (SKIP TO 012) Don't know or not sure  | what method did you use to apply for your benefit? (MARK ONLY ONE)  Other (Please specify):  Do not remember filling out an application (SKIP TO Q23)  Don't know or not sure  application with information about your initial meeting with your e (SKIP TO Q12) erstand? (MARK ONLY ONE) |



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|     | Benefit Eligibility and Application (Continued)  |
|-----|--|
| 12. | Were you updated on the status of your VR&E benefit application without having to ask? (MARK ONLY ONE)   |
| 12. | Yes No Don't know or not sure  |
| 13. | During the application process, did you have to provide the same information or documentation more than once? (MARK ONLY ONE)  |
| 13. | Yes No (skip to q16) Don't know or not sure (skip to q16)  |
| 14. | How many times did you have to provide the same  |
|     | information/documentation? # of Times Don't know or not sure   |
| 15. | What information/documentation did you have to provide more than once? (MARK ALL THAT APPLY)   |
|     | <ul> <li>Discharge papers (DD214)</li> <li>Private medical records</li> <li>Other (Please specify):</li></ul>  |
|     | <ul> <li>Documentation of education/training</li> <li>Resume</li> <li>Don't know or not sure</li> </ul>  |
|     | completed Transcripts/training information   |
| 16. | During your initial evaluation appointment, did the counselor have you participate in any testing? (MARK ONLY ONE)   |
|     | Yes  |
| 17. | Did the counselor explain the following? (MARK ALL THAT APPLY)   |
|     | <ul> <li>Purpose of the test</li> <li>Test results impact on future vocation</li> <li>None of the above</li> </ul>   |
|     | <ul> <li>Results of the test</li> <li>Next steps in the process</li> <li>Don't know or not sure</li> </ul>   |
| 18. | How many appointments did you have with a counselor  |
|     | before an entitlement decision was made?   # of Appointments  Don't know or not sure   |
| 19. | Did you have the same counselor throughout your entire experience with VR&E? (MARK ONLY ONE)   |
|     | ☐ Yes ☐ No ☐ Don't know or not sure ☐ Not applicable   |
| 20. | Did your counselor provide you with information about eBenefits or the Veterans Employment Center in eBenefits? (MARK ONLY ONE)  |
|     | ☐ Yes ☐ No ☐ Don't know or not sure  |
| 21. | Did you register for eBenefits or the Veterans Employment Center in eBenefits? (MARK ONLY ONE)   |
|     | ☐ Yes (skiP το α23) ☐ No ☐ Don't know or not sure  |
| 22. | Why didn't you register for eBenefits or the Veterans Employment Center in eBenefits? (MARK ALL THAT APPLY)  |
|     | Not aware of eBenefits/Veterans Employment Center  Other (Please specify):   |
|     | Opted not to use eBenefits/Veterans Employment Center Don't know or not sure   |
|     | PLEASE ANSWER Q23-Q26 IF YOU STARTED THE REHABILITATION PROGRAM/PLAN SELECTION AND WERE FOUND ENTITLED. OTHERWISE, PLEASE SKIP TO Q27.   |
| 23. | Did your rehabilitation plan include your original vocational training choice? (MARK ONLY ONE)   |
|     | ☐ Yes (skip το α25) ☐ No ☐ Don't know or not sure  |
| 24. | Why didn't your final rehabilitation plan include your original vocational training option? (MARK ALL THAT APPLY)  |
|     | ☐ Lack of employment opportunities in ☐ Another vocational option suited my ☐ Don't know or not sure   |
|     | my area needs better   |
| 25. | ☐ Medical reasons ☐ Other (Please specify): From the time you signed your rehabilitation plan, how long did it take before you started your program of vocational  |
| ٤٥. | rehabilitation? (MARK ONLY ONE)  |
|     | Less than one month  1-3 months  4-6 months  More than 6 months  Don't know or not sure  |
|     |  |
|     | The following questions ask you to rate various aspects of your experience with Vocational Rehabilitation and Employment, using a scale of 1 to 10 where 1 is <u>Unacceptable</u> , 10 is <u>Outstanding</u> , and 5 is <u>Average</u> . |
| 26. | Please rate your experience with the VR&E benefit application <u>Unacceptable</u> <u>Average</u> <u>Outstanding</u>  |
|     | process on the following items: (MARK ONLY ONE PER ROW)  |
|     | a. Ease of completing the application 1 2 3 4 5 6 7 8 9 10 W   |
|     | b. Timeliness of eligibility/entitlement notification 1 2 3 4 5 6 7 8 9 10 NA  |
|     | c. Flexibility of application methods  |
|     | d. Overall rating of application process 1 2 3 4 5 6 7 8 9 10  |
|     |  |

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|     | Benefit Eligibility and Application (Continue   | d) —    |             |        |                       |          |         |                |        |         |         |      |           |
|-----|---|---------|-------------|--------|-----------------------|----------|---------|----------------|--------|---------|---------|------|-----------|
| 27. | Using the same 1 to 10 scale where 1 is <u>Unacceptable</u> , 10 is <u>Outstand</u> Vocational Rehabilitation and Employment counselors during the initia   |         |             |        |                       |          |         |                |        |         |         |      | items:    |
|     | (MARK ONLY ONE PER ROW)   | Unac    | _           |        |                       | <u>A</u> | veraç   | _              | _      |         |         | stan |           |
|     | a. Promptness of scheduling appointments or returning calls   |         | 1           | 2      | 3                     | 4        | 5       | 6              | 7      | 8       | 9       | 10   | N/A<br>NA |
|     | b. Courtesy of the counselor  |         | <u> </u>    | 2      | 3                     | 4        | 5       | 6              | 7      | 8       | 9       | 10   | (NA)      |
|     | c. Knowledge of the counselor   |         | 1           | 2      | 3                     | 4        | 5       | 6              | 7      | 8       | 9       | 10   | NA        |
|     | d. Counselor's concern for your needs   |         | 1           | 2      | 3                     | 4        | 5       | 6              | 7      | 8       | 9       | 10   | NA        |
|     | e. Timeliness of completing your initial evaluation   |         | 1           | 2      | 3                     | 4        | 5       | 6              | 7      | 8       | 9       | 10   | NA        |
|     | f. Overall counselor experience   |         | 1           | 2      | 3                     | 4        | 5       | 6              | 7      | 8       | 9       | 10   |           |
| 28. | Why did you give your overall experience with your counselor tha  | t ratin | g?          |        |                       |          |         |                |        |         |         |      |           |
| 29. | If you were previously found not to be entitled to VR&E benefits, v   | vhy we  | re y        | ou fo  | und                   | not e    | entitle | ed? (ı         | MARK A | LL THAT | Γ APPL' | Y)   |           |
|     | Did not meet eligibility requirements   | Enro    | olled       | in GI  | l Bill I              | Progr    | am      |                |        |         |         |      |           |
|     | Found suitable employment   |         | ,           |        |                       | • •      |         |                |        |         |         |      |           |
|     | Exceeded 12-year eligibility period   |         |             | io wo  |                       | sure     |         |                |        |         |         |      |           |
|     | Disability rate less than 20%   | Not     | appl        | icable | Э                     |          |         |                |        |         |         |      |           |
|     | No remaining entitlement—used 48 months   |         |             |        |                       |          |         |                |        |         |         |      |           |
| 30. | AS A REMINDER, YOUR RESPONSES WILL BE KEPT COMPLETELY CONFIDENTIAL AND The following question asks you to rate various aspects of your e using a scale of 1 to 10 where 1 is <u>Unacceptable</u> , 10 is <u>Outstandin</u> (MARK ONLY ONE)  Please rate your Vocational Rehabilitation and Employment | xperie  | nce<br>5 is | with ' | Voca<br><u>rage</u> . | tiona    |         | nabili         |        |         | l Em    |      | ment      |
| 00. | benefit on the following items: (MARK ONLY ONE PER ROW)   | Onac    | 1           | 2      | 3                     | 4        | 5       | <u>90</u><br>6 | 7      | 8       | 9       | 10   | N/A       |
|     | a. Amount of benefits received  |         | 1           | 2      | 3                     | 4        | 5       | 6              | 7      | 8       | 9       | 10   | (NA)      |
|     | <b>b.</b> Effectiveness of benefit/service in preparing and obtaining suitable emplo  | vment   | 1           | 2      | 3                     | 4        | (5)     | 6              | 7      | 8       | 9       | (10) | (NA)      |
|     | c. Timeliness of receiving benefit payment  | ,       | 1           | 2      | 3                     | 4        | 5       | 6              | 7      | 8       | 9       | 10   | NA        |
|     | d. Overall rating of benefit payment  |         | 1           | 2      | 3                     | 4        | 5       | 6              | 7      | 8       | 9       | 10   |           |
| 31. | Overall Application Experience  Thinking about ALL aspects of your experience applying for Voca VA Vocational Rehabilitation and Employment overall, using a sca  |         |             |        |                       |          | _       | -              |        |         | _       |      |           |
|     | and 5 is <u>Average</u> .   |         |             |        |                       |          |         |                |        |         |         |      |           |
|     | (MARK ONLY ONE) <u>Unacceptable</u> <u>Average</u>  |         | Οι          | utsta  | ndin                  | g        |         |                |        |         |         |      |           |
|     | 1 2 3 4 5 6   | 7       | 8           | 9      | 10                    |          |         |                |        |         |         |      |           |
|     | 1 2 3 4 5 6   | 7       | 8           | 9      | 10                    |          |         |                |        |         |         |      |           |
|     | Overall Experience with VA  |         |             |        |                       |          |         |                |        |         |         |      |           |
| 32. | Taking into consideration all of the non-medical benefits (e.g., edu  | ıcatior |             | mpei   | nsati                 | on n     | ensid   | on, h          | ome    | loan    | auar    | antv |           |
| Űź. | vocational rehabilitation and employment, insurance, etc.) you has experience with VA overall, using a scale of 1 to 10 where 1 is <u>Un</u>  | ve app  | lied        | for o  | r cur                 | rentl    | y rec   | eive,          | plea   | se ra   | te yo   |      |           |
|     | <u>Unacceptable</u> <u>Average</u>  |         |             | Out    | stan                  | ding     |         |                |        |         |         |      |           |
|     | 1 2 3 4 5 6   | 7       | 8           | 9      | 10                    |          |         |                |        |         |         |      |           |



1 2 3 4 5 6 7 8 9 10

**Overall Experience with VA (Continued)**-

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| (MARK ONLY ONE PER STATEMENT)   |  |   |                     |              |                   |
|---|--|---|---------------------|--------------|-------------------|
| (MATICONET ONE PERFORMENT)  |  |   |                     | _            |                   |
|   | Strongly<br>Disagree   | <u>Disagree</u>   | <u>Neutral</u>      | <u>Agree</u> | Strongly<br>Agree |
| a. I got the service I needed   | 1  | 2   | 3                   | 4            | 5                 |
| b. It was easy to get the service I needed  | 1  | 2   | 3                   | 4            | 5                 |
| c. I felt like a valued customer  | 1  | 2   | 3                   | 4            | 5                 |
| d. I trust VA to fulfill our country's commitment to Veterans   | 1  | 2   | 3                   | 4            | 5                 |
| Do you have any other comments or concerns about your exp   | erience?   |   |                     |              |                   |
| Are you currently enrolled in a 2-year college (e.g., community   | r college) 4-ve  | or college (o   |                     |              |                   |
| program, Technical or trade school, Flight school or On the Jo  | 0 // 3   | J (   | · ·                 | y), Postgra  | aduate            |
| program, Technical or trade school, Flight school or On the Jo  Yes No (skip to 040)  | 0 // 3   | J (   | · ·                 | y), Postgra  | aduate            |
|   | 0 // 3   | J (   | · ·                 | y), Postgra  | aduate            |
| Yes No (skip to Q40)  Are you a (MARK ONLY ONE)   | 0 // 3   | gram? (MARK ON  | · ·                 | <i>,,,</i>   | aduate            |
| Yes No (skip to Q40)  Are you a (MARK ONLY ONE)   | b training prog  | gram? (MARK ON  | ILY ONE)            | <i>,,,</i>   | aduate            |
| Yes No (SKIP TO Q40)  Are you a (MARK ONLY ONE)  Part-time student Full-time student Not of What is the format of the program you are enrolled in? (MARK ON   | b training prog  | d 🗆 D   | on't know or        | <i>,,,</i>   |                   |
| Yes No (SKIP TO Q40)  Are you a (MARK ONLY ONE)  Part-time student Full-time student Not of What is the format of the program you are enrolled in? (MARK ON Traditional (classes in classroom/school facility) Online   | currently enrolle LY ONE) le (classes on t   | d D   | on't know or        | not sure     |                   |
| Yes No (SKIP TO Q40)  Are you a (MARK ONLY ONE)  Part-time student Full-time student Not of What is the format of the program you are enrolled in? (MARK ON Traditional (classes in classroom/school facility) Onling What type of degree/training program are you currently pursuit  | currently enrolle LY ONE) LE (Classes on t ng? (MARK ONLY C  | d D  he Internet)   | on't know or        | not sure     |                   |
| Yes No (SKIP TO 040)  Are you a (MARK ONLY ONE)  Part-time student Full-time student Not of What is the format of the program you are enrolled in? (MARK ON Traditional (classes in classroom/school facility) Onling  What type of degree/training program are you currently pursuit On-the-job training or apprenticeship Associate degree  | currently enrolled LY ONE)  The (classes on to the control of the  | d D he Internet) NE) er's degree  | on't know or        | not sure     |                   |
| Yes No (SKIP TO Q40)  Are you a (MARK ONLY ONE)  Part-time student Full-time student Not of What is the format of the program you are enrolled in? (MARK ON Traditional (classes in classroom/school facility) Onling  What type of degree/training program are you currently pursuited On-the-job training or apprenticeship Associate degree Certificate/license Bachelor's degree  | currently enrolled LY ONE)  The (classes on to the mark only one)  Master Doctor   | d Dhe Internet)  NE) er's degree brate                                  | on't know or        | not sure     |                   |
| Yes No (SKIP TO Q40)  Are you a (MARK ONLY ONE)  Part-time student Full-time student Not of What is the format of the program you are enrolled in? (MARK ON Traditional (classes in classroom/school facility) Online What type of degree/training program are you currently pursuited On-the-job training or apprenticeship Associate degree Certificate/license Bachelor's degree What type of academic institution or training facility are you expenditude.   | currently enrolled LY ONE) The (classes on to the masses of the masses o | d D  he Internet)  NE) er's degree  prate  ak only one)                 | on't know or  Mixed | not sure     | n and onlin       |
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THANK YOU FOR TAKING THE TIME TO PARTICIPATE IN THIS IMPORTANT STUDY.







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