



Form Approved:
OMB No. 3225-0002
Exp. Date: 09/30/2020
Form: CSOSA - 2

COMMUNITY RESOURCE DAY PROGRAM PRESENTER FEEDBACK SURVEY

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

IF answered "NO", please explain: _____

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

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

- Yes No - If answered "YES", please explain: _____

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: _____

Public reporting burden for this collection of information is estimated to be 5 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. Send comments regarding this burden estimate or another aspect of this collection of information, including suggestions for reducing this burden to: