



SERVICE PROGRAM PARTICIPANT FEEDBACK SURVEY

TODAY'S DATE: _____

CSOSA respectfully requests that you complete the following survey upon completion of your participation in today's Community Service Orientation. The feedback received from this survey will be used solely to help improve future Community Service Orientation sessions. Completion of this survey is voluntary. Refusing to complete this survey will not result in any penalties. Your responses will be treated as confidential and will only be disclosed as permitted under the Privacy Act (5 U.S.C. 552a).

Once completed, please return the survey face down and place in a designated location as directed by CSOSA personnel. Thank you for your participation!

For each question, please circle the choice that best expresses your opinion.

- 1) The Facilitators clearly explained (in a professional and courteous manner) the meaning, purpose and importance of performing Community Service.

Strongly agree Agree Disagree Strongly Disagree

- 2) The information covered during orientation has given me a better understanding about my Community Service obligations.

Strongly agree Agree Disagree Strongly Disagree

- 3) During orientation, the Facilitators assessed my interest and skills to place me at the appropriate Community Service Site.

Strongly agree Agree Disagree Strongly Disagree

- 4) Please circle the number that best describes the *overall quality* of the orientation session. (5) Being the highest and (1) being the lowest.

5 4 3 2 1

- 5) What suggestions do you have for improving future Community Service Orientation sessions?

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: