

**Education Service**

<V06> DRAFT <05/28/20>

Working Draft, Pre-Decisional, Deliberative document - Internal VA Use Only

**EMAIL SUBJECT LINE:** VA Education Benefits Experience Survey (3 minutes)

**EMAIL PREHEADER:** Tell us about your application for VA Education Benefits

**VA**



**U.S. Department  
of Veterans Affairs**

OMB Number: 2900-0876  
Expiration: 03/31/2023  
Estimated Burden: 3 minutes

## Your opinion matters.

Dear <First Name Last Name>,

We care about your experience with VA. Please take this [3 minute survey](#) to let us know about your experience applying for VA Education Benefits. The more information you share with us, the better we can serve you.

[Take Our Survey](#)

Thank you,

### **Veterans Experience Office**

Department of Veterans Affairs

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## Help us serve you better.

We want to hear about your recent experience applying for VA Education Benefits. By indicating how much you agree or disagree with the statements below, you directly help us improve VA services.

This survey should take you approximately 3 minutes to complete. Please respond to all questions in order to continue the survey.

*x Error: This is required.*

**After submitting my benefits application, I understood the education benefits I was entitled to.**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

*x Error: This is required.*

**I found the process of applying for my benefits to be easy.**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

*x Error: This is required.*

**After submitting my application, I understood how and when I would receive my benefits.**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

*x Error: This is required.*

**I found the GI Bill Comparison Tool useful when planning my budget for school.**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable (N/A)
1	2	3	4	5	<input type="radio"/>

*x Error: This is required.*

**I understood how to get information about the status of my education benefits application.**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

*x Error: This is required.*

**After I submitted my application for benefits, I received my Certificate of Eligibility within the expected time frame.**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable (N/A)
1	2	3	4	5	<input type="radio"/>

*x Error: This is required.*

**I trust VA to effectively administer my education benefits.**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

*x Error: This is required.*

**Can VA contact you about your feedback?**

- Yes, VA can contact me about my experience applying for education benefits.
- No, I do not want VA to contact me about my experience applying for education benefits.

*x Error: This is required.*

**Would you like to volunteer your demographic information to help VA better serve you?**

- Yes [\[Logic proceed to Demographics page\]](#)
- No [\[Logic skip Demographics page\]](#)

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**I understood how to submit my Certificate of Eligibility to my school.**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable (N/A)
1	2	3	4	5	<input type="radio"/>

*x Error: This is required.*

**I was satisfied with the assistance I received from my school when submitting my Certificate of Eligibility.**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable (N/A)
1	2	3	4	5	<input type="radio"/>

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**I found the VA websites helpful in informing me about my education benefits.**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable (N/A)
1	2	3	4	5	<input type="radio"/>

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**After enrolling in school, I know how and when I will receive my benefits.**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

*x Error: This is required.*

**I trust VA to effectively administer my education benefits.**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
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- Yes, VA can contact me about my experience enrolling in school with education benefits.
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**I receive my education benefits timely (i.e. Tuition & Fees, Yellow Ribbon, BAH, and Books & Supplies).**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

*x Error: This is required.*

**When I enrolled in school, I understood that my education benefits may vary depending on changes to my enrollment (i.e. adjusting my course level).**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

*x Error: This is required.*

**I understand where to find information regarding the amount of my education benefits.**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

*x Error: This is required.*

**If I had an issue with my education benefits, I was satisfied with the assistance that I received from VA.**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable (N/A)
1	2	3	4	5	<input type="radio"/>

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**After receiving my education benefits, I understand how to receive education benefits in the future.**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable (N/A)
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*x Error: This is required.*

**I trust VA to effectively administer my education benefits.**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

*x Error: This is required.*

**Can VA contact you about your feedback?**

- Yes, VA can contact me about my experience receiving education benefits.
- No, I do not want VA to contact me about my experience receiving education benefits.

*x Error: This is required.*

**Would you like to volunteer your demographic information to help VA better serve you?**

- Yes [\[Logic proceed to Demographics page\]](#)
- No [\[Logic skip Demographics page\]](#)

Next

By filling out this survey, you are authorizing VA database access to retrieve Veteran contact information to follow up with you accordingly for purposes of service recovery, potential crisis, or to learn more about feedback you have shared regarding your experience with VA. This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Title 38, United States Code, requires us to ask for this information. We estimate that you will need an average of 3 minutes to review the instructions and complete this survey. The results of this survey will be used to inform opportunities for program improvement in the quality of VA services. Participation in this survey is voluntary, and your decision not to respond will have no impact on VA benefits or services which you may currently be receiving. VA may utilize individual Veteran data from this survey or other sources to ensure the final scores truly and accurately represent the experiences of Veterans. VA cannot conduct or sponsor a collection of information unless a valid OMB control number can be located on the OMB Internet Page at <https://www.reginfo.gov/public/do/PRAMain>. Information gathered will be kept private to the extent provided by law.

VA



U.S. Department  
of Veterans Affairs

The VA provides free, confidential support 24/7 for Veterans and their family and friends. If you are in crisis, contact the **Veterans Crisis Line** by dialing 1 (800) 273-8255 (Press 1), or texting 838255, or visiting <https://www.veteranscrisisline.net>. If you are homeless or at risk of homelessness, contact the **National Call Center for Homeless Veterans (NCCHV)** by dialing 1 (877) 424-3838 or visiting <https://www.va.gov/HOMELESS/>.

OMB Number: 2900-0876  
Expiration: 03/31/2023  
Estimated Burden: 3 minutes

## Help VA improve its services.

We are working to better understand our customers. The following questions are voluntary. By providing your data, your responses can help us improve VA care and services. Thank you for your participation.

### Are you Hispanic or Latino?

- Yes
- No

### How would you describe your race?

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

### How would you describe your gender?

- Male
- Female
- Non-Binary/ Third Gender
- Prefer not to say

Finish

By filling out this survey, you are authorizing VA database access to retrieve Veteran contact information to follow up with you accordingly for purposes of service recovery, potential crisis, or to learn more about feedback you have shared regarding your experience with VA. This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 3 minutes to review the instructions and complete this survey. The results of this survey will be used to inform opportunities for program improvement in the quality of VA services. Participation in this survey is voluntary, and your decision not to respond will have no impact on VA benefits or services which you may currently be receiving. VA may utilize individual Veteran survey data from this survey or other sources to ensure the final scores truly and accurately represent the experiences of Veterans. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at <https://www.reginfo.gov/public/do/PRAMain>. Information gathered will be kept private to the extent provided by law.

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# Thank you for choosing VA.

The U.S. Department of Veterans Affairs uses these surveys to collect your feedback in order to continuously to improve your experience with VA services.

Please visit [VA.gov](https://va.gov) to explore benefits, resources, and information at VA.

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