

# LTU Exit Survey Follow-up

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Start of Block: Block 3

**Q1 You recently completed an LTU proficiency test. This survey asks for your feedback on the score(s) you received.**

**Please note that your comments here are anonymous.** If you wish to receive a response from the LTU to any comments about your testing experience, please complete the LTU Language Test Comment Form in addition to this survey. The link is available in your Score Report e-mail.

OMB Control Number: XXXX-XXXX

Expiration Date: XX-XX-XXXX

Burden Estimate: 1 minute

Public reporting burden for this collection of information is estimated to average 1 minute per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection.

You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to [FSILTU@state.gov](mailto:FSILTU@state.gov).

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Page Break

Q8 Did you achieve your target score(s)?

Yes (1)

No (2)

N/A (3)

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Q2 Do you feel your performance on the exam is an accurate reflection of your ability?

Yes (1)

No (2)

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Q4 Do you agree with the score(s) you received on the exam?

Yes (1)

No (2)

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Page Break

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*Display This Question:*

*If Do you agree with the score(s) you received on the exam? = No*

Q5 Note that if you are not satisfied with your testing experience and are concerned about the accuracy of your score, you can request a review of your test by sending an e-mail with the reasons for your request to [FSILTUTestreview@state.gov](mailto:FSILTUTestreview@state.gov). The deadline for test review requests is 30 calendar days after the date of the test.

**End of Block: Block 3**

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