

Office of Veterans Business Development

Boots to Business Entrepreneurship Survey for Service members and Military Families

Consent Form

Use of information: This information collection (survey) is to be completed by individuals who have participated in the Boots to Business courses offered by the Small Business Administration (SBA). Disclosure of the information requested on this form is voluntary as participants may exit the survey at any time or skip questions they prefer not to answer. This study is being conducted by researchers at the Institute for Veterans and Military Families (IVMF) in conjunction with the U.S. Small Business's Office of Veteran Business Development (OVBD) to gather information from military service members and families about their experiences in our B2B entrepreneurship program and about their entrepreneurship motivations, barriers and goals. We are collecting this information to improve our program offerings as well as to understand entrepreneurship experiences and outcomes. All information provided is protected to the extent permitted by law, including the Privacy Act of 1974, 5 U.S.C. 552a and the Freedom of Information Act (FOIA), 5 U.S.C. 552. SBA maintains your personal information in the agency's Privacy Act Systems of Records, SBA 5-- Business and Community Initiatives Resource Files. This system of record notice (SORN) identifies why and to whom SBA will routinely disclose the information that you provide.

In addition to those routine uses, **please select Agree or Do Not Agree below** to indicate whether you authorize SBA or its agent to also use your name and contact information for SBA surveys and information mailings regarding SBA products and services as part of the Boots to Business alumni network. SBA will not provide your personal information to commercial entities. *Choose an item.*

Please note: Under the Paperwork Reduction Act you are not required to respond to any collection of information unless it displays a currently valid OMB Control number. This collection has been assigned OMB Control number 3245-0390. The estimated time for completing this survey is 10 minutes, including gathering and submitting the information. Comments on the estimated time, including suggestions for reducing the time, should be sent to Boots to Business Program Manager: U.S. Small Business Administration, Office of Veterans Business Development, 409 3rd Street SW Suite 5700, Washington, DC 20416, and to: SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C., 20503.

Available Sources of Information: If you have questions about this study, please contact the Boots to Business help desk at (202) 205-8381, email: boots-to-business@sba.gov. If you have concerns or complaints about your rights as a participant, please contact the Boots to Business help desk at (202) 205-8381.

AUTHORIZATION: Clicking on the "Agree" option below indicates that:

- You have read the above information.
- You voluntarily agree to participate.
- You are at least 18 years of age.

Agree

Do Not Agree → EXIT SURVEY



Quality Assessment Post Course Survey

Instructions: Please answer the following questions. Some questions will require you to write your answers, while others will require you to select your answers. The information we collect from this evaluation will be kept confidential. Your feedback is important for us to understand the impact of the Boots to Business program.

1. Name: [Click here to enter text.](#)
2. Email Address: [Click here to enter text.](#)
3. Course date completed: (mm/dd/yyyy)
Please enter the date of the most recent course you completed. If you don't know the date you completed your most recent course, please provide a best estimate.
[Click here to enter a date.](#)
4. Please select the course you most recently completed:
 - Boots to Business
 - Reboot
 - Revenue Readiness
5. Please choose the state or territory where you most recently took your course: [Click here to enter text.](#)
6. Please choose the installation where you most recently completed your course: [Click here to enter text.](#)
7. Service:
 - Air Force
 - Air Force Reserve
 - Air National Guard
 - Army
 - Army Reserve
 - Army National Guard
 - Coast Guard
 - Coast Guard Reserve
 - Marine Corps
 - Marine Corps Reserve
 - Navy
 - Navy Reserve
8. Age Range:
 - < 25
 - 25 - 35
 - 36 - 49
 - > 50
9. Gender:
 - Male
 - Female
 - Not Stated



10. Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino
- Not Stated

11. Race:

- American Indian
- Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White or Caucasian
- Not Stated

12. Please select the status that best describes you at the time you completed the course – if you are a service member who is married, please select your status and Dual Military Spouse:

- Dependent spouse
- Other dependent
- Veteran
- Service member
- Dual military spouse
- Service disabled veteran
- Transitioning/retiring service member

The following questions refer to pre-course coordination, specifically concerning the coordination and information you received from the Boots to Business team concerning your books, course and other administrative issues relating to the course:

13. Describe the level of communications you received about the course prior to attending:

- Way too much communication
- Too much communication
- About right
- Too little communication
- Way too little communication

14. Please rate how satisfied you are with all course materials:

- Very Satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very Dissatisfied



15. Instructor(s):

<i>Please rate your satisfaction with your instructor(s) in the following areas:</i>	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	N/A
Classroom was conducive to a learning environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displayed knowledge and familiarity with B2B course material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibited presentation skills that engaged the class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used training aids and materials to instruct course material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicated clearly and effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrated practical experience and participants' ideas into the course material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Regarding the course overall, please select the most appropriate response to the items below.

	Way too little	Too Little	About Right	Too Much	Way too much
Amount of material covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depth of coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mix of topics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Please briefly describe what course content you would like to see added or subtracted from the course or any specific module. [Click here to enter text.](#)

18. Pace of coverage:

- Way too fast
- Too fast
- About right
- Too slow
- Way too slow



Regarding the Revenue Readiness course, please select the most appropriate response to the items below. Please read each response carefully! *(Note: Only Revenue Readiness participants will respond to this question)*

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
The online registration was easy to navigate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical support was readily available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The course website was well organized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Navigating through the courses was easy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



19. Please answer the following questions about how you felt **before and after** attending the course:

	Before					After				
	Not at all	Not very	Neither	Some-what	Very	Not at all	Not very	Neither	Some-what	Very
How informed did you feel about starting a business and entrepreneurship in general?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How confident were you about having the skillsets required to start a business?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How motivated were you to start a business?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How likely were you to start a business?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How likely were you to start a business soon (within one year)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How likely were you to start a business soon (within one year)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How likely were you to start a business later (5-10 years)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How likely were you to pursue higher education first?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How likely were you to pursue employment first?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How likely were you to pursue technical assistance (counseling and/or training related to starting or growing a business - financing, contracting, business planning, marketing, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. Other than the information covered already, do you have any additional input regarding the course? [Click here to enter text.](#)



21. Which of the following best describes your interest in starting or owning a business now that you have completed the course:

- I am significantly more interested in starting or owning a business
- I am more interested in starting or owning a business
- I am neither more nor less interested in starting or owning a business
- I am less interested in starting or owning a business
- I am significantly less interested in starting or owning a business

22. Did the course increase your confidence in starting or owning a business?

- Yes
- No

23. Would you refer someone to the course?

- Yes
- No