OMB CONTROL NUMBER: XXXX-XXXX

OMB EXPIRATION DATE: XX/XX/XXXX

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The public reporting burden for this collection of information, [**Insert** **OMB Control Number**], is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**Business Operations Support System**

**Resource Request Feedback Form**

**CAMP**

**Introduction**

*Welcome to Business Operation Support System (BOSS) Resource Request Feedback Form. You recently requested a Camp resource. Camp resources include Child and Youth Behavioral Counselors to support day-, week- or summer-long camps for children and youth.*

*You have been asked to complete this short survey to give feedback on the services provided by the Child and Youth Behavioral Counselor. Your responses will help improve the services we provide to Service members and military families. A summary of the feedback received will be shared with Military Community Support Programs and the vendor quality assurance team. Responses will not be attributed to individuals. This survey is voluntary and takes typically less than five minutes to complete.*

1. **Rating of the Overall Service Provided by the Child and Youth Behavioral Counselor**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Domain** | **Question** | **Response** | | | | |
| **Satisfaction** |  | Very satisfied | somewhat satisfied | neither satisfied nor dissatisfied | somewhat dissatisfied | very dissatisfied |
| Overall, how satisfied or dissatisfied are you with the service provided by the *Child and Youth Behavioral Counselor*? |  |  |  |  |  |
| **Quality** |  | Very high quality | high quality | neither high nor low quality | low quality | very low quality |
| How would you rate the quality of the service provided by the *Child and Youth Behavioral Counselor*? |  |  |  |  |  |
| **Effectiveness** |  | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
| How much do you agree or disagree with the following statement? *The service provided by the Child and Youth Behavioral Counselor met the needs of the military community.* |  |  |  |  |  |
| **Recommend to a colleague** |  | Highly likely | likely | not sure | unlikely | very unlikely |
| How likely is it that you would recommend the Camp resource to a colleague? |  |  |  |  |  |

1. **Rating of the Child and Youth Behavioral Counselor Specific Qualities**

*Please rate the extent to which you agree or disagree with the following statements regarding the specific qualities of the Child and Youth Behavioral Counselor during the assignment. Select one response per row.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Not Applicable |
| The *Child and Youth Behavioral Counselor* was available when needed and able to accommodate scheduling demands. |  |  |  |  |  |  |
| The *Child and Youth Behavioral Counselor* was effective in providing referral and/or resource information. |  |  |  |  |  |  |
| The *Child and Youth Behavioral Counselor* was effective in delivering program briefings and presentations. |  |  |  |  |  |  |
| The *Child and Youth Behavioral Counselor* was effective in delivering counseling services. |  |  |  |  |  |  |
| The *Child and Youth Behavioral Counselor* was knowledgeable of military culture and issues affecting military life. |  |  |  |  |  |  |
| The *Child and Youth Behavioral Counselor* collaborated well with installation POC and base leadership. |  |  |  |  |  |  |

1. *In addition to the Child and Youth Behavioral Counselor, did you interact with a Vendor Point of Contact, such as a Regional Support Coordinator, Regional Supervisor, or Team Lead?*

* Yes
* No
* I don’t know

[**IF 3 = NO, DON’T KNOW, SKIP TO 5].**

1. **Vendor Point of Contact Ratings**

*Please rate the extent to which you agree or disagree with the following statements regarding the specific qualities of the Vendor Point of Contact (POC) (Regional Support Coordinator, Regional Supervisor, or Team Lead) during the assignment. Select one response per row.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Not Applicable |
| The Vendor POC communicated effectively. |  |  |  |  |  |  |
| The Vendor POC coordinated assignment transitions effectively. |  |  |  |  |  |  |
| The Vendor POC addressed my needs adequately. |  |  |  |  |  |  |
| The Vendor POC responded to the needs of the program. |  |  |  |  |  |  |

1. **Free Text Feedback** (Please do not include any personally identifiable information.)

*Please tell us anything else we should know about your experience (positive or negative). We appreciate any detail you can provide, especially if our service was less than satisfactory. You will help us to learn and improve. Please be assured that your responses are kept confidential and will not be attributed to individuals.*

**Closing**

*Thank you for sharing your feedback. Your responses will help us improve the quality of our programs and services.*