

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

ROTATIONAL

Introduction

Welcome to Business Operation Support System (BOSS) Resource Request Feedback Form. You recently requested a Rotational resource. Rotational resources provide counseling services for 6 to 12 months at Military and Family Support Centers, child development centers (CDC), youth centers, schools, military units, special operations, and recruiting commands. The types of staff that support Rotational requests include Military and Family Life Counselors and Child and Youth Behavioral Counselors.

You have been asked to complete this short form to give feedback on the services provided by the Rotational contractor. 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 [Military and Family Life Counselor / 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 [Military and Family Life Counselor / 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 [Military and Family Life Counselor / 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? <i>The service provided by the [Military and Family Life Counselor / Child and Youth Behavioral Counselor] met the needs of the military community.</i>					
Recommend to a colleague		Highly likely	likely	not sure	unlikely	very unlikely
	How likely is it that you would recommend the Rotational resource to a colleague?					

2. Rating of the **[Military and Family Life Counselor / 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 **[Military and Family Life Counselor / 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 [Military and Family Life Counselor / Child and Youth Behavioral Counselor] was available when needed and able to accommodate scheduling demands.						
The [Military and Family Life Counselor / Child and Youth Behavioral Counselor] was effective in providing referral and/or resource information.						

The [Military and Family Life Counselor / Child and Youth Behavioral Counselor] was effective in delivering program briefings and presentations.						
The [Military and Family Life Counselor / Child and Youth Behavioral Counselor] was effective in delivering counseling services.						
The [Military and Family Life Counselor / Child and Youth Behavioral Counselor] was knowledgeable of military culture and issues affecting military life.						
The [Military and Family Life Counselor / Child and Youth Behavioral Counselor] collaborated well with installation POC and base leadership.						

3. In addition to the **[Military and Family Life Counselor / 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].

4. 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.						

5. 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.