

Stateside Brief Certificate of Completion

Rank & Name

Date



Relocation Readiness Program (803) 751-5256

ACS Workshop Satisfaction Survey



Name of Workshop/Brief: Stateside Brief Date of service: _____

Location: Online How did you learn about the program? _____

Student: Yes___ No___ School: _____ Last Duty Station _____

Mark one only: ☐ E1—E4 ☐ E5—E9 ☐ Warrant Officer ☐ Officer ☐ Civilian ☐ Civilian Family Member

Married___ Single___ ☐ Military Family Member ☐ Other: _____

In order to improve our programs and services, please answer the following questions with respect to the program you attended.

Using this five-point scale, please rate each of the items below regarding the workshop/brief you attended	1	2	3	4	5	0
	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't Know/ Can't Judge
1. The presentation addressed my issues/concerns.						
2. The presentation addressed issues/topics I was not aware of.						
3. The presentation assisted in preparing me for my move.						
4. Overall effectiveness of the presentation.						

What information should have been included in this briefing? _____

Questions/Suggestions/Comments: _____

May we call you for additional information? _____ Yes _____ No

If yes, please provide name and phone number:



Please complete and email to miranda.o.broadus.civ@mail.mil.