

**PROGRAM REVIEW DIVISION SURVEY**

REVIEW DATES:

DISCIPLINE REVIEWED:

CEO COMPLETING SURVEY:

FACILITY:

1. THE REVIEWER-IN-CHARGE ADEQUATELY EXPLAINED THE SCOPE OF THE REVIEW DURING THE ENTRANCE CONFERENCE.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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NO/STRONGLY DISAGREE	LITTLE/OR DISAGREE	NO OPINION	SOME/ AGREE	YES/STRONGLY AGREE

COMMENT:

2. THE REVIEW TEAM SOLICITED AREAS OF CONCERN FROM YOU AND YOUR EXECUTIVE STAFF EITHER PRIOR TO OR AT THE ENTRANCE CONFERENCE.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
-----				
NO/STRONGLY DISAGREE	LITTLE/OR DISAGREE	NO OPINION	SOME/ AGREE	YES/STRONGLY AGREE

COMMENT:

3. DID THE REVIEWER-IN-CHARGE CONDUCT DAILY CLOSEOUTS WITH YOU OR A DESIGNATED MEMBER OF YOUR STAFF? Y-N. IF YES, ANSWER A

A) THE DAILY CLOSE-OUTS KEPT YOU APPRISED OF THE TEAM'S PROGRESS AND FINDINGS.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
-----				
NO/STRONGLY DISAGREE	LITTLE/OR DISAGREE	NO OPINION	SOME/ AGREE	YES/STRONGLY AGREE

COMMENT:

**FACILITY:**

4. THE GUIDELINES FOR REVIEWING THIS DISCIPLINE ARE APPROPRIATE.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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NO/STRONGLY DISAGREE	LITTLE/OR DISAGREE	NO OPINION	SOME/ AGREE	YES/STRONGLY AGREE

A) IF NOT, HOW COULD THEY BE IMPROVED?

5. THE FINDINGS OF THE REVIEW TEAM WERE AN ACCURATE REFLECTION OF THE PROGRAM REVIEWED.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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NO/STRONGLY DISAGREE	LITTLE/OR DISAGREE	NO OPINION	SOME/ AGREE	YES/STRONGLY AGREE

COMMENT:

6. THE REVIEW TEAM ACTED IMPARTIALLY AND INDEPENDENTLY DURING THE COURSE OF THE REVIEW.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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NO/STRONGLY DISAGREE	LITTLE/OR DISAGREE	NO OPINION	SOME/ AGREE	YES/STRONGLY AGREE

COMMENT:

7. DURING THE REVIEW, THE REVIEW TEAM MEMBERS ACTED IN A PROFESSIONAL MANNER, AND WERE HELPFUL AND SENSITIVE TO STAFF.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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NO/STRONGLY DISAGREE	LITTLE/OR DISAGREE	NO OPINION	SOME/ AGREE	YES/STRONGLY AGREE

COMMENT:

8. WHAT CHALLENGES ARE FACING THIS DISCIPLINE AT YOUR FACILITY THAT MERIT INCLUSION IN THE BUREAU'S STRATEGIC PLAN?