

Introduction

You are receiving this survey because you interact frequently with the Program Support Training team along with your Training Strategist. The survey requests information about the level of service quality. As such, the questions pertain to the support you receive from your Training Strategist, the OLR team and overall support. It is not about the components of the Service Level Agreement (which will be addressed at a later date).

IMPORTANT

If you manage multiple programs, you are asked to complete one survey for each program: the same survey link can be used more than once for this purpose. So, for example, if you managed two programs, you would complete/submit a survey for the first program and then click the same link (a second time) to open a new survey for the second program. Each survey is brief and can be completed in 10 minutes or less.

If you have questions, please contact _____

Thank you!



Client Program Identification

Identify your program by selecting one program below. Note some programs are listed more than once (by different geographic regions). Be sure to select the correct geographic region. Select one program only. **If you manage multiple programs, you are asked to complete a separate survey for each program.** The same survey link can be re-used for this purpose.

* Select a program (remember to complete a separate survey for each program you manage).

Avaya (APAC)

HR Direct (EMEA)

State of Florida (Tallahassee)

Avaya (EMEA)

HR Direct (APAC)

State of Texas

Avaya (N. America)

Fifth Third

Textron (N. America)

BearingPoint

Honeywell

Textron (EMEA)

BMS

Office Depot

Whirlpool (N. America)

Boston Scientific (N. America)

RR Donnelley

Whirlpool (EMEA)

Boston Scientific (EMEA)

Sodexo

Xcel Energy

BS/Shared Services (APAC)

Flextronics

HR Direct (N. America)

State of Florida (Jacksonville)



Responsiveness – SLA Targets

* Select the best response to each of the following statements:

	Always	Usually	Sometimes	Never
My Training Strategist completed a training plan for my program monthly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My On-line Reference Change Request forms were completed within the SLA target of 3 business days.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My Training Strategist responded to my requests within 1 business day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments



Training Quality

* Select the best response to each of the following statements:

	Excellent	Good	Fair	Poor
The overall quality of program specific material developed has been...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The overall quality of Global Standard training delivered for my program has been...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The overall quality of new hire training support has been...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments



Performance Improvement Quality

Select the best response to each of the following statements regarding the overall quality of the service your program received under Performance Improvement. Note: Operations determines if Performance Improvement areas will be delivered in their monthly training plans. Use N/A if you cannot rate it.

* Select the best response:

	Excellent	Good	Fair	Poor	N/A
Call Calibrations	jn	jn	jn	jn	jn
Development of Monthly Knowledge Assessments	jn	jn	jn	jn	jn
M&P Audits	jn	jn	jn	jn	jn
Development of FAQ	jn	jn	jn	jn	jn

Comments



Report & Overall Quality

Select the best response to each of the following statements regarding your satisfaction with your Training Strategist.

* My overall satisfaction with the communications between me and my Training Strategist is...

Excellent

Good

Fair

Poor

N/A

* My overall satisfaction with my Training Strategist is...

Excellent

Good

Fair

Poor

N/A

* My overall satisfaction with other program support team members (e.g., OLR, Sr. Managers, Directors, etc.) is...

Excellent

Good

Fair

Poor

N/A



Strengths/Opportunities

* Please list strengths and opportunities for improvement for your Training Strategist.

Strengths

Improvement

Opportunities



Improvement Suggestions

Please tell us how we can improve the quality of the service we provide to you. Note: Please do not rate or tell us about a component of the SLA. That will be done in another survey.



Closing

Thank you for your time and valuable feedback. If you have questions or comments about this survey please contact _____

For technical questions about this survey, or for online survey development or consulting, please contact _____

Thank you for your participation.

After you click the "done/submit survey >>" button LOCATED AT THE VERY BOTTOM OF THIS PAGE, your survey will be fully submitted. (Note, you **may** be prompted with the question "Do you want to close this window?" as shown in the example below. If this appears, select "yes" to fully submit your survey)



IMPORTANT NOTE: if you manage more than one program, please submit this survey first, then access the link in the original email to complete another survey (one for each program you manage).

