



**Instructional Television**  
850 Hungerford Drive, Room 27  
Rockville, Maryland 20850

# CUSTOMER SATISFACTION & FEEDBACK

ITV is always looking for ways to improve our quality of service.  
Please take a few moments to complete the following survey.

**PROGRAM TITLE:** \_\_\_\_\_ **COMPLETION DATE:** \_\_\_\_\_

**1. How often have you used Instructional TV (ITV) services in the past year?**

- 1-2 times
- 3-4 times
- 5-6 times
- 6+ times

**2. Overall, how satisfied are you with the service or program?**

- Excellent
- Very Good
- Good
- Needs Improvement

**3. Have you recommended or would you recommend ITV services to someone else?**

- Yes
- Maybe
- No

**PLEASE RATE THE FOLLOWING STATEMENTS ABOUT ITV:**

**4. ITV staff was courteous and helpful.**

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

**5. Project/program completed in a timely manner/ deadline met.**

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

**6. Project/program met my criteria.**

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

**7. How was the program used?**

- Aired on cable channels
- For department meeting
- For BOE presentation
- For training
- Copies distributed to schools
- Other:

**8. What office, department or organization did your program represent?**

\_\_\_\_\_  
\_\_\_\_\_

**9. During what time period did you work with ITV? Check all that apply.**

- July - September
- January - March
- October - December
- April - June

**10. My overall experience with ITV was positive.**

- Agree
- Disagree

**11. How can we improve the quality of our service?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**12. COMMENTS:**

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\_\_\_\_\_  
\_\_\_\_\_

## OPTIONAL

Name \_\_\_\_\_

E-mail \_\_\_\_\_

School/Office \_\_\_\_\_



Please send completed form to:

ITV Supervisor  
MCPS Instructional Television  
850 Hungerford Drive, Room 27  
Rockville, Maryland 20850

Phone: (301) 279-3838  
Fax: (301) 279-3118