

## RC COORDINATION AND TRAINING QUESTIONNAIRE

NAME: \_\_\_\_\_ RANK: \_\_\_\_\_ SECTION: \_\_\_\_\_

TRAINING DATES: From: \_\_\_\_\_ To: \_\_\_\_\_

	<u>YES</u>	<u>NO</u>
Are you satisfied with the support provided by AR-PERSCOM for this training?	<input type="checkbox"/>	<input type="checkbox"/>
Are you satisfied with the support provided by USARJ Reserve Component Office?	<input type="checkbox"/>	<input type="checkbox"/>
Are you satisfied with the coordination with your duty section prior to training?	<input type="checkbox"/>	<input type="checkbox"/>
Are you satisfied with the coordination with your duty section during training?	<input type="checkbox"/>	<input type="checkbox"/>

How far in advance were you notified of the requested dates for your AT? \_\_\_\_\_

How far in advance did you receive your orders for annual training? \_\_\_\_\_

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### COMMENTS

Please let us know anything the RC office or your section can do to improve the training we do. (i.e. timely information flow, transportation, understanding of duties/responsibilities, etc.)

OBSERVATIONS:

DISCUSSION:

RECOMMENDATIONS:

Please complete and return to the Office of Reserve Component Advisors at the end of training.