

ILLINOIS STATE BOARD OF EDUCATION

External Assurance Division
100 North First Street, W-375
Springfield, Illinois 62777-0001

CUSTOMER SERVICE SURVEY OF EXTERNAL ASSURANCE COMPLIANCE VISIT

Directions: Please complete this form and return to Division Administrator, External Assurance Division, Illinois State Board of Education, 100 North First Street, W-375, Springfield, Illinois 62777-0001 or Fax to 217/782-2116.

DATE OF AUDIT	DISTRICT NAME AND NUMBER/EDUCATIONAL ENTITY
NAME OF AUDITOR(S)	ADDRESS (Street, City, State, Zip Code)

1. Please check the box which best describes your opinion concerning each statement below:

	Excellent	Satisfactory	Needs Improvement	Comments:
A. The notification regarding the review.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. The checklist assisted you in preparation for the review.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C. The Auditor's punctuality and courteousness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D. The Auditor's level of preparedness for the audit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E. The exit conference's degree of helpfulness and the degree to which all audit findings and adjustments were explained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F. The degree to which all of the district's questions were addressed during the audit and/or exit conference.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G. Was the audit/monitoring report informative and useful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

2. What are your suggestions for improving communications about information needed and results of the audit/monitoring visit?

3. Other comments: