

NAVY OPERATIONAL SUPPORT CENTER SAN JOSE  
INDOCTRINATION CRITIQUE

**PRIVACY ACT STATEMENT:** This statement is provided in compliance with the provisions of the Privacy Act of 1974 (Public Law 93-579). The information solicited is intended principally for use in the evaluation and assessment of problems, comments, improvements, criticisms, and successes of the command indoctrination program.

<b>NAME(OPTIONAL):</b>	<b>UNIT:</b>	<b>RANK/RATE:</b>	<b>DATE:</b>
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Your help is requested in evaluating the effectiveness of our Indoctrination Program. We ask that you complete this questionnaire based on your experience since joining your Reserve unit. Upon completing, forward to the Command Career Counselor.

**Presentation: 1 = Not Informative At All / 5 = Very Informative**  
**Interaction: 1 = Not Helpful At All / 5 = Very Helpful**

**Administrative Department Presentation: 1 2 3 4 5**

Presenter: \_\_\_\_\_

Comments:

**Administrative Department Station/Interaction: 1 2 3 4 5**

Comments:

**Command Career Counselor Presentation: 1 2 3 4 5**

Presenter: \_\_\_\_\_

Comments:

**Command Career Counselor Station/Interaction: 1 2 3 4 5**

Comments:

**Command Fitness Leader Presentation: 1 2 3 4 5**

Presenter: \_\_\_\_\_

Comments:

**Command Fitness Leader Station/Interaction: 1 2 3 4 5**

Comments:

**Drug and Alcohol Program Advisor Presentation: 1 2 3 4 5**

Presenter: \_\_\_\_\_

Comments:

**Drug and Alcohol Program Advisor Station/Interaction: 1 2 3 4 5**

Comments:

**Manpower Department Presentation: 1 2 3 4 5**

Presenter: \_\_\_\_\_

Comments:

**Manpower Department Station/Interaction: 1 2 3 4 5**

Comments:

**Medical Department Presentation: 1 2 3 4 5**

Presenter: \_\_\_\_\_

Comments:

**Medical Department Station/Interaction: 1 2 3 4 5**

Comments:

**Operations Department Presentation: 1 2 3 4 5**

Presenter: \_\_\_\_\_

Comments:

**Operations Department Station/Interaction: 1 2 3 4 5**

Comments:

**Security Presentation: 1 2 3 4 5**

Presenter: \_\_\_\_\_

Comments:

**Security Station/Interaction: 1 2 3 4 5**

Comments:

**Supply Department Presentation: 1 2 3 4 5**

Presenter: \_\_\_\_\_

Comments:

**Supply Department Station/Interaction: 1 2 3 4 5**

Comments:

**Regarding the Overall Indoc Process (1 = Highly Disagree / 5 = Highly Agree)**

I believe our time was well utilized: 1 2 3 4 5

I believe the program was well organized and operated smoothly: 1 2 3 4 5

I feel comfortable and believe that I have the knowledge required to utilize the services provided by the Navy Operational Support Center: 1 2 3 4 5

**PLEASE UTILIZE THE SPACE BELOW TO PROVIDE GENERAL COMMENTS AND ANY IDEAS YOU MAY HAVE TO IMPROVE OUR INDOCTRINATION CLASS:**