

TELEWORK WEEK 2013 EVALUATION QUESTIONNAIRE

Name (Last, First):			
Program Office:			
Telephone #:		Email Address:	
Telework Agreement Up to Date	<input type="checkbox"/> YES <input type="checkbox"/> NO		

Your observations during the Telework Week 2013 will assist OCCHCO in developing the After Action Report and Improvement Plan. We ask that you respond to all questions that apply to your experience in this exercise and that you provide as much detail as possible. E-mail your completed questionnaire to FEMA-HC-WorkLifePrograms@fema.dhs.gov at the conclusion of this exercise.

1. Were you able to access and effectively use your e-mail (send and receive)?

YES NO

Problem Description:

Proposed/Actual Resolution:

2. Were you able to open attachments in your e-mail? YES NO

Problem Description:

Proposed/Actual Resolution:

3. Were you able to access all of the records and files required to do your work?

YES NO

Problem Description:

Proposed/Actual Resolution:

4. Did you bring work materials with you to your designated telework location?

YES NO

Problem Description:

Proposed/Actual Resolution:

5. Were you able to communicate effectively with your management? YES NO

Problem Description:

Proposed/Actual Resolution:

6. Were you able to communicate effectively with your FEMA co-workers? YES NO

Problem Description:

Proposed/Actual Resolution:

7. Were you able to communicate effectively with other agency personnel (outside of FEMA)? YES NO

Problem Description:

Proposed/Actual Resolution:

8. Did you have access to contact lists for people and organizations you needed to reach?

YES NO

Problem Description:

Proposed/Actual Resolution:

9. Did you participate in a conference call? Do you feel the conference call was an effective communication method? YES NO

Problem Description:

Proposed/Actual Resolution:

10. What hours did you work from your designated telework location (e.g. 0730-1630)?
 YES NO

Problem Description:

Proposed/Actual Resolution:

11. Did you experience any technical, computer, or communications difficulties?
 YES NO

Problem Description:

Proposed/Actual Resolution:

12. Was your telework environment conducive to accomplishing critical tasks?
 YES NO

Problem Description:

Proposed/Actual Resolution:

13. Overall, were you effective in performing your job from your designated telework location? YES NO

Problem Description:

Proposed/Actual Resolution:

14. Did you accomplish the amount of work you would have accomplished if you had been in your regular office? YES NO

Problem Description:

Proposed/Actual Resolution:

15. What would you change to improve your telework capability; what would make you more effective or productive? YES NO

Problem Description:

Proposed/Actual Resolution:

16. Did you record the telework code in your T&A record for this exercise?
 YES NO

Problem Description:

Proposed/Actual Resolution:

DO YOU HAVE ANY ADDITIONAL CONCERNS/SUGGESTIONS?