

## TRAINING PROGRAM EVALUATION

OMB Control No: 3245-0075 Expiration Date: 3/31/2007

Training Course Number

Your response to this evaluation form is extremely important to us. It will be used to develop a national evaluation of small business training. Please select the best response to the question and fill in the circle completely with a No. 2 lead pencil.

1. How did you learn of this training pro	ogram?							
Word-of-mouth	Newspaper/Publication			Radio/Television				
Direct mail pamphlet	Banker/Lend	er		Other				
2. What was your primary reason for a	ttending this program?							
Preparation for starting a business				○ To improve	e my own skill	s		
Skills improvement for owner/manager				General interest in topic				
Recommended by boss/supervi			Other					
3. How many years has your business l	peen in existence?							
Not in business		Less than 1 year			4-6 years			
Planning phase	1-3 years	<u>~</u>		Over 6 years				
	Owner			○ Managar				
4. Are you a(n):	$\simeq$	Owner Employee			<ul><li>Manager</li><li>Other</li></ul>			
	Lilipioyee			Other				
5. Check the main type of business yo		n to be engag	ed in:					
Retail		Wholesale		Construction				
Service	( ) Manufacturin	Manufacturing			Not in business			
6. What type of program training would	be most useful?							
<ul> <li>Multiple Daytime Sessions</li> </ul>	Single Daytin	Single Daytime Conference			<ul><li>Breakfast Session</li></ul>			
Multiple Evening Sessions	<ul><li>Single Evenir</li></ul>	ng Conference	е	<ul><li>Saturday</li></ul>	Session			
7. What type(s) of program topics wou	ld you be most interested	d in (you may	select more	than one):				
Starting a Business		Procurement			Personnel			
Business Plan	Bidding and Estimating			Engineering/Research				
<ul> <li>Sources of Credit and Financing</li> </ul>	<ul><li>Purchasing</li></ul>	_			Inventory Control			
<ul><li>Increasing Sales</li></ul>	International	Trade		Credit and Collections				
<ul><li>Advertising and Sales Promotion</li></ul>	<u> </u>	Financial Statements		<ul><li>Computer Systems</li></ul>				
<ul> <li>Selling to the Government</li> </ul>	Office or Plar	nt Manageme	ent	Other				
	PROGRAM	EVALUA	TION					
(Please use the following scale to indic	ate vour response to the	statements h	elow: SA – s	tronaly saree:	Δ – agree.			
N = neither agree/disagree; D = disagre			610W. OA = 3	tiongly agree,	n = agree,			
1. The information was presented effect	mation was presented effectively.		Α	N	D	SD		
2. The information presented was practical.		SA	Α	N	D	SD		
3. The program provided a good working knowledge of the								
subject matter presented.		SA	Α	N	D	SD		
4. The program has allowed me to acq								
and knowledge to manage my busin	ess more effectively	SA	Α	N	D	SD		
and efficiently.								
5. The program attended was sufficient for my purpose.		SA	Α	Ν	D	SD		

## SPEAKER EVALUATION

(Please use the following scale to indicate your response to the statements below: VG = very good; G = good; U = undecided; P = poor; VP = very poor.) 1. The first speaker's (Speaker Number: \_\_\_\_\_) a) capacity to hold your interest was: ۷G G U Ρ VΡ b) organization of the program was: ۷G G U VΡ c) level at which the topic was presented was: VG G U Ρ VΡ d) communication skills were: VG G U Ρ VΡ 2. The second speaker's (Speaker Number: \_\_\_\_\_) a) capacity to hold your interest was: VG G U Ρ VΡ b) organization of the program was: VG G U Ρ VΡ c) level at which the topic was presented was: VG G U Ρ VΡ d) communication skills were: VG G U Ρ VΡ 3. The third speaker's (Speaker Number: ) a) capacity to hold your interest was: ۷G G U Ρ VΡ b) organization of the program was: VG G U VΡ c) level at which the topic was presented was: VG G U VΡ d) communication skills were: VG G U VΡ

## PERSONAL PROFILE

(Please fill in the circle completely for the category that best applies to you.)

1. Gender:	Male	Female
2. Veteran status:	Veteran Service Disabled Veteran	Non Veteran
3. Race (select one or more)	American Indian or Alaska Native Asian	Black or African American Native Hawaiian or Pacific Islander White
4.Ethnicity	Hispanic or Latino Not Hispanic or Latino	
5. Education level:	Less than 12 years Some college Some graduate school	High school degree College degree Graduate school degree
6. Current age:	15-24 25-34 35-44	45-54 55-64 65-over

PLEASE NOTE: The estimated burden for completing this form is 12 minutes per response. You will not be required to respond to this information collection if a valid OMB approval number is not displayed. If you have questions or comments concerning this estimate or other aspect of this information collection, please contact the U.S. Small Business Administration, Chief, Administrative Information Branch, Washington, D.C. 20416 (3245-0075) PLEASE DO NOT SEND COPIES TO OMB.

## Thank you for your participation!

