

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.

| How did you learn of this Word-of-mouth Direct mail namphles | | Newspaper/F | | | \simeq | Radio/Televi | | | |
|--|---|----------------------------------|---|-------------------|-------------------------------------|--------------------|--------|----|--|
| Oirect mail pamphle | ı C | Banker/Lend | еі | | \cup (| Other | | | |
| 2. What was your primary | reason for attending th | nis program? | | | | | | | |
| Preparation for start | _ | | | | \sim | To improve n | | | |
| Skills improvement for owner/manager | | | | | ~ | General inter | | | |
| Recommended by b | oss/supervisor | | | | \bigcirc (| Other | | | |
| 3. How many years has you | ur business been in ex | istence? | | | | | | | |
| Not in business | | Characteristics Less than 1 year | | | \bigcirc 4 | 1-6 years | | | |
| Planning phase | | 1-3 years | | | Over 6 years | | | | |
| | | | | | | | | | |
| 4. Are you a(n): | | Owner | | | | ○ Manager | | | |
| 7110 you a(11). | | Employee | | | | Other | | | |
| | | | | | | | | | |
| 5. Check the main type of | business you are enga | | n to be engage | ed in: | | | | | |
| RetailService | | Wholesale | | | Construction | | | | |
| | | Manufacturing | | | | Not in business | | | |
| 6. What type of program tra | aining would be most | useful? | | | | | | | |
| Multiple Daytime Sessions | | Single Daytime Conference | | | Breakfast Session | | | | |
| Multiple Evening Ses | ssions | Single Evening Conference | | | Saturday Session | | | | |
| 7 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | s taniaa waada waa ba | | d in / | | م ما | | | | |
| 7. What type(s) of program | 1 topics would you be | | - | select more | | one): Personnel | | | |
| Starting a BusinessBusiness Plan | | Procurement | | | Engineering/Research | | | | |
| Sources of Credit an | Bidding and Estimating Purchasing | | | Inventory Control | | | | | |
| Increasing Sales | Trade | | Credit and Collections Computer Systems | | | | | | |
| Advertising and Sale | es Promotion | Financial Statements | | | | | | | |
| <u> </u> | Selling to the Government Office or Plant Management | | | nt | Other | | | | |
| U | | | J | | | | | | |
| | PR | ROGRAM | EVALUA ⁻ | TION | | | | | |
| (Please use the following s N = neither agree/disagree | cale to indicate your re ; D = disagree; SD = s | esponse to the trongly disagre | statements bee.) | elow: SA = st | trongl | y agree; A = | agree; | | |
| The information was presented effectively. | | | SA | Α | | N | D | SD | |
| 2. The information presented was practical. | | | SA | Α | | N | D | SD | |
| 3. The program provided a | agod working knowle | dae of the | | | | | | | |
| subject matter presente | | age of the | SA | Α | | N | D | SD | |
| | | | | | | | | | |
| 4. The program has allowed | | | | | | | | | |
| and knowledge to mana and efficiently. | ige my business more | enectively | SA | Α | | N | D | SD | |
| and omorning. | | | | | | | | | |
| 5. The program attended was sufficient for my purpose. | | | SA | Α | | N | 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 | Non Veteran |
| | Service Disabled 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 | High school degree |
| | Some college | College degree |
| | Some graduate school | Graduate school degree |
| 6. Current age: | 15-24 | 45-54 |
| | 25-34 | 55-64 |
| | 35-44 | 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!

