



SBA COUNSELING EVALUATION

Resource Partner I.D. _____

CLIENT I.D. _____

Dear Counseling Client:

Your response to this evaluation form is extremely important to us; its purpose is to help us make our resource partner counseling services as meaningful and as beneficial as possible.

Please mark (X) the best response to the following questions.

1. How did you hear about Small Business Administration (SBA) counseling services? (Check all that apply.)

Telephone Book

Chamber of Commerce

Brochure

Friend

Newspaper

SBA

Financial Institution

Other

(Please mark one answer per question)

2. Did the assistance you received help you make the decision whether or not to go into business?

Yes

No

Already in business

3. Did your request for assistance receive prompt attention?

Yes

No

Unsure

4. Did the counselor/consultant respond to your needs?

Yes

No

Unsure

5. Did the counselor/consultant point out other problem areas?

Yes

No

Unsure

6. Did you receive specific recommendation(s) from the counselor?

Yes

No

Unsure

7. In your opinion did the counselor/consultant possess the necessary skills to provide the assistance needed?

Yes

No

Unsure

8. Thinking about the assistance that you did receive, do you believe that you could have more readily obtained the same assistance from another source at an affordable price?

Yes

No

Unsure

9. Do you anticipate a need for additional assistance from the counselor/consultant in the future?

Yes

No

Unsure

10. Would you recommend the counselor/consultant to others?

Yes No Unsure

11. As a result of the assistance you received have you changed any of your current management practices/strategies?

"If yes, please mark all that apply"

| | |
|----------------------|---|
| Financial Management | Human Resources Management (hiring/firing) |
| Marketing Strategy | International Trade Promotional Strategy |
| Obtaining Capital | General Management Other_____ |

"If no, please mark all that apply"

| | | |
|-----------------------|---------------------------------|------------|
| Too soon to determine | Implementation time too lengthy | Too costly |
| Other_____ | | |

12. Please indicate the value of the information you received from the counselor/consultant:

| | Extremely Valuable | Valuable | No Opinion | Somewhat Valuable | Not Valuable |
|----------------------------------|--------------------|----------|------------|-------------------|--------------|
| 1. Usefulness of information | 5 | 4 | 3 | 2 | 1 |
| 2. Relevancy of the information | 5 | 4 | 3 | 2 | 1 |
| 3. Timeliness of the information | 5 | 4 | 3 | 2 | 1 |

13. Please indicate how effective the counselor/consultant was in assisting you:

| | Extremely Valuable | Valuable | No Opinion | Somewhat Valuable | Not Valuable |
|--|--------------------|----------|------------|-------------------|--------------|
| 1. Assistance met my needs | 5 | 4 | 3 | 2 | 1 |
| 2. Counselor's ability to assist me | 5 | 4 | 3 | 2 | 1 |
| 3. Counselor was friendly | 5 | 4 | 3 | 2 | 1 |
| 4. Counselor was current on management issues | 5 | 4 | 3 | 2 | 1 |
| 5. Counselor was knowledgeable | 5 | 4 | 3 | 2 | 1 |

PLEASE NOTE: The estimated burden for completing this form is 10 minutes per response. You will not 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 aspects of this information collection, please contact The U.S. Small Business Administration, Chief, Administrative Information Branch, Washington, D.C. 20416 and/or Office of Management and Budget, Clearance Officer, Paperwork Reducation Project (3245-0183), Washington, D.C. 20503. PLEASE DO NOT SEND FORMS TO OMB.