OMB Approval No.: 3245-0183
Expiration Date: 10/31/2012

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 specfic 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

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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 lengthly ☐ Too clostly

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 are 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 Reduction Project (3245-0183), Washington, D.C. 20503. PLEASE DO NOT SEND FORMS TO OMB.