

Date _____

Name of Counselor _____



SBDC Counseling Evaluation

Your response to this evaluation form is extremely important to us. Its purpose is to help us ensure our services are as meaningful and beneficial as possible. Please select the best response to each of the following questions. Please feel free to add additional comments when appropriate.

SECTION I: BUSINESS AND COUNSELING INFORMATION

1. When you contacted the SBDC, what specific question or problem did you want to address?

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

3. As a result of your counseling, have you made or will you make any changes to your business plan or operation? Please explain _____

4. Please identify your major business activity now or in the future?

<input type="checkbox"/> Construction	<input type="checkbox"/> Service	<input type="checkbox"/> Wholesale	<input type="checkbox"/> Other
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Retail	<input type="checkbox"/> Technology	<input type="checkbox"/>

5. How did your SBDC counselor respond to your requested need? _____

6. What other problem areas (if any) did your SBDC counselor point out to you? _____

7. In general, how would you rate the counseling services you receive with the SBDC?

Excellent____ Very Good____ Good____ Fair____ Poor____

8. Thinking about the assistance you received, do you believe that you could have readily obtained the same assistance from another source at a price you or your company could afford?

Yes____ No____

If no, what total dollar value would you attach to the assistance you received? _____

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

Yes____ Type of help _____ No _____

10. Would you refer other small business people to the SBDC for assistance?

Yes____No____

11. How did you hear about the SBDC? _____

SECTION II: CLIENT INFORMATION

SEX ___ Male ___ Female
VETERAN STATUS ___ Veteran ___ Non Veteran
RACE/ORIGIN ___ Hispanic ___ White
 ___ American Indian ___ Alaskan Native
 ___ Asian or Pacific Islander

SECTION III: IMPACT ON YOUR BUSINESS (Please fill out Section III if you think the SBDC has provided you valuable assistance)

- 1. Are you already in business? If yes, what was your startup date? _____
If no, when do you plan to open your business? _____
- 2. Did you get a small business loan? Yes ___ Loan amount _____ No Loan _____
- 3. How much equity (your own money) have you invested? _____
- 4. How many jobs were created? _____ How many jobs were retained? _____
- 5. Annual revenue/sales? _____

SECTION IV: FUTURE TRAINING NEEDS / INTERESTS

Please check which training programs would be of greatest benefit to you and/or your business.

- Business Start-up and Planning
- Beginning Financial Management
- Intermediate Financial Management/Analysis
- Taxes & Record Keeping for Start-ups
- Tax Deductions
- Marketing
- Advertising
- Sales &/or Networking
- Government Contracting
- Employment Issues
- Global/International Marketing
- Internet Marketing
- Legal Structure
- Financing Your Business
- Customer Service
- Bidding/Estimating Jobs
- Valuing Your Business
- Growing Your Business
- Other _____
- NxLevel – 12 week (36 hour) entrepreneur training program for business plan development. This class is for existing businesses only. (Classes are usually held in the evenings).

If you want us to contact you when these programs are offered, please complete the following:

Name _____ Telephone _____ Email _____

Thank You.

When you complete this form, please fax it to (970) 247-7205 or mail it to the Colorado Small Business Development Center at 140 Education Business Building, 1000 Rim Drive, Durango, Colorado 81301-3999. Again, we appreciate your feedback and hope you will use the SBDC again in the future.