

**SMALL BUSINESS DEVELOPMENT CENTER
COUNSELING EVALUATION**

Dear SBDC Client:

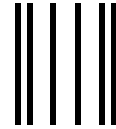
Your response to this evaluation form is extremely important to us; its purpose is to help us make our Small Business Development Center's counseling services as meaningful and as beneficial as possible.

Please check or fill in the responses to the following questions. Also, if you feel more detailed responses would be useful, please feel free to write in the available space or on the reverse side of the questionnaire.

1. Do you presently own or manage a small business? Yes No
2. Please identify the one major business activity of either your present or proposed business:
 Retail Construction General Service Wholesale Manufacturing
 Other, Please specify _____
3. Did the assistance you received help you make the decision of whether to go into business or not? (Please answer only if you were not in business when you received SBDC Counseling Services) Yes No Too early to determine
4. When you contacted the SBDC did you have a specific problem to be addressed? Yes No
If yes, check all that apply: Accounting, bookkeeping Business plan preparation Market analysis
 Financial assistance Management structure Business feasibility Legal Production
 Technical assistance (i.e., product feasibility, engineering) Other, Explain _____
5. Generally speaking, how would you rate the consulting services you received?
 Excellent Very Good Good Fair Poor
6. Did your request for assistance receive prompt attention? Yes No (Please comment)
7. Did the SBDC respond to your needs? Yes No Unsure
8. Did the SBDC point out other problem areas? Yes No
If yes, check all that apply: Accounting, bookkeeping Business plan preparation Market analysis
 Financial assistance Management structure Business feasibility Legal Production
 Technical assistance (i.e., product feasibility, engineering) Other, Explain _____
9. In your opinion did the SBDC representative possess the necessary skills to provide the assistance needed?
 Yes No Unsure
10. Has the assistance you received made any difference in your business and/or business plans?
 Yes No Too early to determine
11. Do you feel you could have readily obtained the assistance you received from the SBDC from another source at a price your company could afford to pay? Yes No Unsure
12. Do you anticipate a need for additional assistance from the SBDC in the future? Yes No Unsure
13. Would you recommend other small businesspersons to contact the SBDC? Yes No Unsure
14. How did you hear about SBDC services? Friend Small Business Administration Brochure
 Financial Institution Newspaper Chamber of Commerce Telephone Book
 Other _____
15. Client Profile:
 1. Sex: Male Female
 2. Veteran Status: Vietnam Non-Vietnam Veteran Not a Veteran
 3. Racial Origin: American Indian or Alaskan Native Asian or Pacific Islander
 Black, not of Hispanic Origin Hispanic White Other race (specify if desired)
16. Did you receive specific recommendation(s) from the counselor? Yes No

Additional Comments: _____

Thank you for your time and effort in assisting us. If you have any questions about the survey, or about any services of the Small Business Development Center, please do not hesitate to contact us.



**PLACE
STAMP
HERE**

ATTN: James L. King
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