



TRAINING PROGRAM EVALUATION

Your response to this evaluation form is extremely important to us. The information provided is confidential. 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.

1. How did you learn of this training program?

- Word-of-mouth Newspaper/Publication Radio/Television
 Direct mail pamphlet Banker/Lender Other _____

2. What was your primary reason for attending this program?

- Preparation for starting a business To improve my own skills
 Skills improvement for owner/manager General interest in topic
 Recommended by boss/supervisor Other _____

3. How many years has your business been in existence?

- Not in business Less than 1 year 4-6 years
 Planning phase 1-3 years Over 6 years

4. Are you a(n):

- Owner Manager
 Employee Other _____

5. Check the main type of business you are engaged in, or plan to be engaged in:

- Retail Wholesale Construction
 Service Manufacturing Not in business

6. What type of program training would be most useful?

- Multiple Daytime Sessions Single Daytime Conference Breakfast Session
 Multiple Evening Sessions Single Evening Conference Saturday Session

7. What type(s) of program topics would you be most interested in (you may select more than one):

- Starting a Business Procurement Personnel
 Business Plan Bidding and Estimating Engineering/Research
 Sources of Credit and Financing Purchasing Inventory Control
 Increasing Sales International Trade Credit and Collections
 Advertising and Sales Promotion Financial Statements Computer Systems
 Selling to the Government Office or Plant Management Other _____

PROGRAM EVALUATION

(Please use the following scale to indicate your response to the statements below: SA = strongly agree; A = agree; N = neither agree/disagree; D = disagree; SD = strongly disagree.)

1. The information was presented effectively. SA A N D SD
2. The information presented was practical. SA A N D SD
3. The program provided a good working knowledge of the subject matter presented. SA A N D SD
4. The program has allowed me to acquire practical skills and knowledge to manage my business more effectively and efficiently. SA A N D SD
5. The program attended was sufficient for my purpose. SA A 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: VG G U P VP
 - b) organization of the program was: VG G U P VP
 - c) level at which the topic was presented was: VG G U P VP
 - d) communication skills were: VG G U P VP

2. The second speaker's (Speaker Number: _____)
 - a) capacity to hold your interest was: VG G U P VP
 - b) organization of the program was: VG G U P VP
 - c) level at which the topic was presented was: VG G U P VP
 - d) communication skills were: VG G U P VP

3. The third speaker's (Speaker Number: _____)
 - a) capacity to hold your interest was: VG G U P VP
 - b) organization of the program was: VG G U P VP
 - c) level at which the topic was presented was: VG G U P VP
 - d) communication skills were: VG G U P VP

PERSONAL PROFILE

(Please fill in the circle completely for the category that best applies to you.)"Select one or more"

1. Gender: Male Female

2. Military status: Vietnam Veteran Non-Vietnam Veteran
 Disabled Veteran Not a Veteran

3. Ethnicity: Hispanic or Latino Not Hispanic or Latino

4. Racial status: American Indian or Alaska Native Native Hawaiian or Other Pacific Islander
 Asian White
 Black or African American

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!

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