



Date _____
of Counselor _____

SBDC Counselor 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. Feel free to add additional comments when appropriate.

Please rate the following using the scale below: **10 = Highest, 1 = Lowest.**

1. How would you rate the skills, knowledge and quality of the business counseling you received?

2. How likely are you to use the recommendations from the session?

3. How likely are you to return to the SBDC for additional counseling services?

4. How likely are you to refer other businesses to the SBDC?

5. How helpful did you find the SBDC internet resources?

6. How can we improve? _____

7. How did you hear about the SBDC? _____

Thank you for taking the time to fill out this survey.

Feel Free to use the space below to add any additional comments.

Text Field