

Consumer Satisfaction – Services Received

Your feedback on the services you received, allows us to maintain quality and meaningful experiences as well as report to our funding agency the efficacy of our efforts. Thank you for taking a moment to complete this evaluation form.

Instructions: On a scale of 1-4, with 1= Strongly Disagree and 4 = Strongly Agree please indicate your response to each of the statements below.

	Evaluation Statements	Strongly Disagree	Disagree	Agree	Strongly Agree							
1	The services received were presented <u>clearly</u> .	1	2	3	4							
2	The speaker was <u>stimulating and motivating</u> .	1	2	3	4							
3	The information presented today is <u>helpful to me NOW</u> .	1	2	3	4							
4	I anticipate changes in my practice as a result from these services received.	Yes		No								
	Satisfaction Items	Not at all Satisfied	Satisfied Somewhat	Satisfied	Highly Satisfied							
5	How satisfied are you with the quality of today's services?	1	2	3	4							
6	How satisfied are you with the quality of materials for the services received today?	1	2	3	4							
7	On a scale of 0 to 10, how likely would you be to recommend the services you received?	0	1	2	3	4	5	6	7	8	9	10

8. **What did you like:**

a. best or find most helpful about these services?

b. least or find least helpful about these services?