



10. Would you recommend the counselor/consultant to others?

Yes                      No                      Unsure

11. As a result of the assistance you received have you changed any of your current management practices/strategies?

"If yes, please mark all that apply"

Financial Management	Human Resources Management (hiring/firing)
Marketing Strategy	International Trade                      Promotional Strategy
Obtaining Capital	General Management                      Other_____

"If no, please mark all that apply"

Too early to determine	Would take too long to implement	Cost too much
Other_____		

12. Please indicate the value of the information you received from the counselor/consultant:

	Extremely Valuable	Valuable	No Opinion	Somewhat Valuable	Not Valuable
1. Usefulness of information	5	4	3	2	1
2. Relevancy of the information	5	4	3	2	1
3. Timeliness of the information	5	4	3	2	1

13. Please indicate how effective the counselor/consultant was in assisting you:

	Extremely Valuable	Valuable	No Opinion	Somewhat Valuable	Not Valuable
1. Assistance met my needs	5	4	3	2	1
2. Counselor's ability to assist me	5	4	3	2	1
3. Counselor was friendly	5	4	3	2	1
4. Counselor was current on management issues	5	4	3	2	1
5. Counselor was knowledgeable	5	4	3	2	1

PLEASE NOTE: The estimated burden for completing this form is 10 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 aspects of this information collection, please contact The U.S. Small Business Administration, Chief, Administrative Information Branch, Washington, D.C. 20416 and/or Office of Management and Budget, Clearance Officer, Paperwork Reduction Project (3245-0183), Washington, D.C. 20503. PLEASE DO NOT SEND FORMS TO OMB.