



ATTACHMENT M
CY25 – SBDC SERVICE CENTER
CLIENT SURVEY FOR TRAINING

Name of Training Event I attended: _____ Date: _____

Attendee Name (please print): _____ Phone Number: _____

Company Name (if applicable): _____ Email Address _____

I am (select all that apply):

- a present owner of a small business.
already an SBDC client.
planning to start a small business.
Other (explain)

1. What is your overall satisfaction with the Training you received from the New Mexico SBDC (to include the trainer's knowledge, working relationship and assistance provided to you)?

- Not Satisfied
Somewhat Satisfied
Satisfied
Very Satisfied
Extremely Satisfied

2. What were your expectations for Training from the New Mexico SBDC?

Three horizontal lines for text input.

3. Please select the top 3 to 5 additional areas that you would like Training on from the New Mexico SBDC in the future?

Table with 4 columns of business topics and checkboxes, including Intellectual Property, Business Financing, Business Financial/Cash Flow, and Technology/Computers.

4. Other Areas that you would like Training on from the New Mexico SBDC in the future? (Please Specify)

Three horizontal lines for text input.

5. Based upon the Training you received how likely is it that you would recommend New Mexico SBDC Training to a friend or colleague that was seeking assistance for their existing or planned business?

- Not Likely
Somewhat Likely
Likely
Very Likely
Extremely Likely

6. Other Additional Comments.

Seven horizontal lines for text input.