

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. a lready an SBDC client. planning to start a small business. Other (explain) 1. What is your overall satisfaction with the <u>Training</u> you received from the New Mexico SBDC (to include the trainer's knowledge, working relationship and assistance provided to you)? | | | | |
| | □ Satisfied □ Very Satisfied □ Extremely Satisfied | | | |
| 2. What were your expectations for <u>Training</u> from the New Mexico SBDC? | | | | |
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3. Please select the top 3 to 5 additional areas that you would like <u>Training</u> on from the New Mexico SBDC in the future?

| Intellectual Property | Business Financing/Capital Sources | Business Financial/Cash Flow | Technology/Computers |
|-------------------------------|------------------------------------|------------------------------|--------------------------------|
| Government Contracting | Business Operations/Management | Tax Planning | eCommerce |
| International Trade | Human Resources/Managing Employees | Marketing/Sales | Cyber Security/Cyber Awareness |
| Business Start-up/Preplanning | Customer Relations | Franchising | Legal Issues |
| Business Plan | Credit Counseling | Buy/Sell Business | Disaster Planning/Recovery |
| | Business Accounting/Budget | | |

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

5. Based upon the <u>Training</u> you received how likely is it that you would recommend New Mexico SBDC <u>Training</u> 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.

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