

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?				

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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