

CLIENT FEEDBACK FORM

Instructions: Your assistance is requested in assessing the services and/or products that your evaluator provided to you or your organization for the *specific project* identified. Your candid responses to each of the items in this survey will be used by your evaluator to improve the quality of the work. When responding to the items, be sure to consider *only the project named* by your evaluator, not other projects on which you may have worked together. Please try to complete all of the items, even if your evaluator did not perform a program evaluation per se (e.g., developed products; provided technical assistance; etc.). Thank you for your cooperation!

Name of Project or Services to be Evaluated: _____

Date: ___/___/___ **Check One:** (1) Mid-Term Evaluation (2) Final Evaluation

1. How would you characterize ***your involvement*** in the project? (✓ all that apply)

- (1) Involved in selecting the evaluator
- (2) Provided input into the evaluation plan
- (3) Key decision maker (e.g., approved instruments; reports; changes in plan; etc.)
- (4) Day-to-day point of contact with the evaluator
- (5) Handled my organization's responsibilities in the evaluation
- (6) Approved invoices/interim status reports
- (7) Read/commented on final evaluation report/s
- (8) Participated in interpreting results/writing recommendations
- (9) Other, specify:

2. Based on your experience with the evaluator on this project, what is your ***overall assessment*** of the quality of the work? (✓ one only)

- (1) Poor (2) Fair (3) Good (4) Very good (5) Excellent

3. How ***useful*** to your organization was the work performed by the evaluator? (✓ one only)

- (1) Not at all useful (2) Somewhat useful (3) Very useful (4) Extremely useful

4a. Would you ***recommend*** this evaluator to your colleagues? (✓ one only)

- (1) Yes (2) No

4b. If Yes, why? If No, why not?

Over Please

5. How would you assess the evaluator in the following **areas of performance**? For each area, check (✓) the one column that best represents your opinion. If an area does not apply or you do not know, check (✓) the first column.

The Evaluator's:	NA/Don't Know (0)	Poor (1)	Fair (2)	Good (3)	Excellent (4)
a. understanding of the project					
b. attentiveness to my needs/organization's needs					
c. quality of reports/products produced					
d. appropriateness of reports/products for my needs/organization's needs					
e. timeliness in delivering reports/products					
f. accessibility to me/my organization					
g. communication with me/my organization					
h. other , specify:					

6. What are the **strengths** of the evaluator?

7. In what areas could the evaluator benefit from **improvement**?

Thank you for your cooperation!

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