



# RECIPIENT'S EVALUATION REPORT

THIS SECTION SHOULD BE FILLED OUT AFTER DELIVERY OF TECHNICAL ASSISTANCE (TA)

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

AGENCY: \_\_\_\_\_

## SECTION A INSTRUCTIONS:

Please mark the appropriate box for each answer

EXCELLENT      GOOD      FAIR      POOR

- |  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Please rate the overall quality of the TA that you received.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If a TA consultant was used, please rate the consultant in the following areas:   |                          |                          |                          |                          |
| a. Technical Knowledge of the subject areas addressed  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Flexibility and responsiveness  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Ability to listen effectively   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Ability to provide appropriate solutions  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. To what extent did the TA accomplish the stated objectives?<br>Please explain your answer in the spaces provided below: |                          |                          |                          |                          |
| a.   |                          |                          |                          |                          |
| b.   |                          |                          |                          |                          |
| c.   |                          |                          |                          |                          |

## SECTION B INSTRUCTIONS:

For the following questions, please mark either yes or no. In the spaces provided below, please explain your answers fully.

4. Was the TA helpful?

Yes       No

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5. Would you use the same type of TA again?

Yes  No

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6. Would you recommend this type of TA to another State agency?

Yes  No

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7. If a TA consultant was used, would you use the consultant again?

Yes  No

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8. Would you recommend this TA consultant to another State agency?

Yes  No

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9. Do you need follow-up to your TA?

Yes  No

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**SECTION C INSTRUCTIONS:**

Please fully answer the following questions to the best of your ability.

10. What follow-up action will you take based on the TA provided?

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11. What problems were identified through the TA? What was the most positive aspect of the TA?

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12. If there were one thing you could change about the TA, what would it have been?

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**Other Comments**

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