



Participant Evaluation of Consultation

Please answer these questions regarding the quality of usefulness of our consultation process. Your objective opinions are appreciated to help improve the project.

Program: _____

Consultant: _____

Address: _____

Consultation Start Date: _____
 (Month/Day/Year)

City/State/Zip: _____

Consultation End Date: _____

Telephone: (____) _____

(Month/Day/Year)

Number of children in target room? _____

Number of staff in target room? _____

Please rate the consultation according to the following statements:

(please check the number that matches your rating)

Satisfaction with Consultant	Poor		Adequate		Excellent	
	1	2	3	4	5	
1. Effectiveness of consultant in helping to define goals for consultation	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ³	<input type="radio"/> ⁴	<input type="radio"/> ⁵	
2. Effectiveness of consultant in assisting program to meet goals of consultation	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ³	<input type="radio"/> ⁴	<input type="radio"/> ⁵	
3. Appropriateness of materials and resources used in meeting needs of program	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ³	<input type="radio"/> ⁴	<input type="radio"/> ⁵	
4. Consultant's level of expertise and knowledge of the content area and other related resources	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ³	<input type="radio"/> ⁴	<input type="radio"/> ⁵	
5. Consultant's presence of organizational skills (e.g., leadership, group process, and problem-solving skills)	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ³	<input type="radio"/> ⁴	<input type="radio"/> ⁵	
6. Presence of Consultant's interpersonal skills: related well showing supportiveness, openness, and flexibility	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ³	<input type="radio"/> ⁴	<input type="radio"/> ⁵	
Quality & Usefulness of Consultation						
7. Extent to which consultation met your expectations	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ³	<input type="radio"/> ⁴	<input type="radio"/> ⁵	
8. Overall quality of the consultation	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ³	<input type="radio"/> ⁴	<input type="radio"/> ⁵	
9. Contribution of consultation to the quality of your program or services	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ³	<input type="radio"/> ⁴	<input type="radio"/> ⁵	

10. What was your purpose in seeking consultation? _____

11. What changes were made as a result of the consultation? _____

12. Were there some aspects of the consultation that were particularly strong and/or useful? Yes No
 If Yes, please describe:

13. Were there some aspects of the consultation that were weak or not useful? Yes No
 If Yes, please describe:

14. Would you recommend the services of this consultant to another program? Yes No
