

COURSE EVALUATION FOR THE *How To Win SBIR Awards*SM WORKSHOP

DATE:

LOCATION:

INSTRUCTOR:

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Please provide comments for all 6 criteria (for further elaboration, please add attachment sheet).

1. The perceived value/usefulness to you of the material presented:	Rating:
	<input type="checkbox"/> 5 Excellent <input type="checkbox"/> 4 Very Good <input type="checkbox"/> 3 Good <input type="checkbox"/> 2 Fair <input type="checkbox"/> 1 Poor

2. The knowledge and preparation of the instructor:	Rating:
	<input type="checkbox"/> 5 Excellent <input type="checkbox"/> 4 Very Good <input type="checkbox"/> 3 Good <input type="checkbox"/> 2 Fair <input type="checkbox"/> 1 Poor

3. The instructor's ability to impart information:	Rating:
	<input type="checkbox"/> 5 Excellent <input type="checkbox"/> 4 Very Good <input type="checkbox"/> 3 Good <input type="checkbox"/> 2 Fair <input type="checkbox"/> 1 Poor

4. The media (slides, movies, workbooks, etc.) used for instruction:	Rating:
	<input type="checkbox"/> 5 Excellent <input type="checkbox"/> 4 Very Good <input type="checkbox"/> 3 Good <input type="checkbox"/> 2 Fair <input type="checkbox"/> 1 Poor

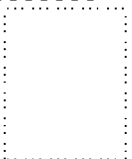
5. The facilities used for instruction:	Rating:
	<input type="checkbox"/> 5 Excellent <input type="checkbox"/> 4 Very Good <input type="checkbox"/> 3 Good <input type="checkbox"/> 2 Fair <input type="checkbox"/> 1 Poor

6. OVERALL RATING and COMMENTS (please wax eloquent):	Rating:
	<input type="checkbox"/> 5 Excellent <input type="checkbox"/> 4 Very Good <input type="checkbox"/> 3 Good <input type="checkbox"/> 2 Fair <input type="checkbox"/> 1 Poor

IMPORTANT: Attending this workshop event was a GOOD____, FAIR____, POOR____ use of my time & resources.

OPTIONAL INFORMATION (check all that apply): I attended a National SBIR Conference in past 12 months: Yes___ No ___
 Workshop encouraged ___/dissuaded ___/ no change ___ my intent to pursue SBIR/STTR. Male___, Female___
 Age: under 50 ____, over 50___. Education: Post Secondary ____, BS/BA___, MS/MA ____, Ph.D ____, Other ___
 Primary Job Function: Sr. Magm ____, Program/Mid-Manager ____, Scientist/Engineer ____, Marketing ____, Other ___
 Organization: For Profit ____, 8(a) ____, Non/Not-For-Profit ____, Government ____, Other ____, # of Employees: _____
 How did you find out about this workshop? _____
 If you would allow us to know who submitted this evaluation, print name here: _____

Please fold, seal and mail to: SBIR Resource Center^(R), 5 Linda Lane, Severna Park, MD 21146



SBIR Resource Center ^(R)
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