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SERVICE EVALUATION

We would like to know how you rated our service:

	Poor					Good				
Understanding of your requirements?	1	2	3	4	5					
Performance on the job	1	2	3	4	5					
Level of knowledge in the specialised field	1	2	3	4	5					
Communication skills	1	2	3	4	5					
Presentation skills	1	2	3	4	5					
Level of Professionalism	1	2	3	4	5					

What I liked best about the service: _____

What I liked least about the service: _____

My suggestions for improving the service: _____

Signed (optional): _____ Date: _____

Company: _____

Please return this form to the facilitator.

Thank you for your assistance.

For office use only	Date of Change: _____
Action Required: _____	_____
Outcome: _____	_____