

NIC TECHNICAL ASSISTANCE EVALUATION FORM

TECHNICAL ASSISTANCE NUMBER _____

AGENCY: _____

TECHNICAL RESOURCE PROVIDER (S) / PARTICIPANTS: _____
_____/_____

NAME / TITLE OF PERSON COMPLETING THIS EVALUATION: _____

1. Did the technical assistance you received help you to address the issues identified in your request?

Yes _____ No

If "Yes" why; if "No", why not?

2. Did the technical assistance report accurately reflect the technical resource providers' activities and make recommendations where appropriate?

Yes _____ No

If "Yes" why; if "No", why not?

3. Would you use this/these technical resource providers (s) again?

Yes _____ No

If "Yes" why; if "No", why not?

What follow-up activities do you intend to implement as a result of this technical assistance?

THANK YOU FOR YOUR ASSISTANCE IN COMPLETING THIS EVALUATION