

**Feedback form**

**Client name:**

**Assigned consultant:**

**Services provided:**

**Date**:

Please help us to improve our services by answering the following questions. All responses will be anonymized and aggregated when provided to our consultants i.e. feedback from several appointments will be put together. As such, we encourage you to be honest and candid.

**Scale Poor Excellent**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** | **N/A** |
| **Quality and content** of the feedback provided to you by your consultant |  |  |  |  |  |  |
| **Usefulness** of the feedback provided to you by your consultant |  |  |  |  |  |  |
| Was the feedback delivered in a **clear manner**? |  |  |  |  |  |  |
| How would you rate your consultant’s overall **professionalism**?(i.e. background knowledge, cleanliness, tone, punctuality, etc). |  |  |  |  |  |  |
| How conducive was the **method of delivery** for the session? (i.e. Skype, in-person)? Specify method:  |  |  |  |  |  |  |
| How conducive was the **location chosen** for the session? (i.e. library, seminar room, etc)? Specify location: |  |  |  |  |  |  |
| What is your **overall evaluation** of the services provided by your consultant? |  |  |  |  |  |  |

Any specific comments:

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Do you have any suggestions for us?

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**Thank you.**