



ATTACHMENT M
CY26 – SBDC SERVICE CENTER
CLIENT SURVEY FOR TRAINING

Name of Training Event I attended: _____ Date: _____

Attendee Name (please print): _____ Phone Number: _____

Company Name (if applicable): _____ Email Address _____

I am (select all that apply):

- ☐ a present owner of a small business. ☐ already an SBDC client.
☐ planning to start a small business. ☐ Other (explain) _____

1. What is your overall satisfaction with the Training you received from the New Mexico SBDC (to include the trainer's knowledge, working relationship and assistance provided to you)?

- ☐ Extremely Satisfied ☐ Very Satisfied ☐ Satisfied ☐ Somewhat Satisfied ☐ Not Satisfied

2. What were your expectations for Training from the New Mexico SBDC?

3. Please select the top 3 to 5 additional areas that you would like Training on from the New Mexico SBDC in the future?

<input type="checkbox"/> Intellectual Property Training <input type="checkbox"/> Business Start-up/Preplanning (How do I start a small business?) <input type="checkbox"/> Business Plan <input type="checkbox"/> Business Financing/Capital Sources (such as applying for a loan, equity capital)	<input type="checkbox"/> Business Operations/Management <input type="checkbox"/> Human Resources/Managing Employees <input type="checkbox"/> Customer Relations <input type="checkbox"/> Business Accounting/Budget <input type="checkbox"/> Business Financial/Cash Flow <input type="checkbox"/> Tax Planning <input type="checkbox"/> Franchising <input type="checkbox"/> Buy/Sell Business	<input type="checkbox"/> Technology <input type="checkbox"/> Marketing/Sales (promotion, market research, pricing, etc.) <input type="checkbox"/> Government Contracting (including certifications) <input type="checkbox"/> Disaster Planning/Recovery <input type="checkbox"/> Cyber Security/Cyber Awareness	<input type="checkbox"/> Credit Counseling <input type="checkbox"/> eCommerce (using Internet to do business) <input type="checkbox"/> Legal Issues (such as, Should I incorporate?) <input type="checkbox"/> International Trade <input type="checkbox"/> Other
---	--	---	--

4. Other Areas that you would like Training on from the New Mexico SBDC in the future? (Please Specify)

5. Based upon the Training you received how likely is it that you would recommend New Mexico SBDC Training to a friend or colleague that was seeking assistance for their existing or planned business?

- ☐ Extremely Likely ☐ Very Likely ☐ Likely ☐ Somewhat Likely ☐ Not Likely

6. If you are ready to start or grow your business, would you like an SBDC Advisor to contact you for business counseling services or additional assistance?

- ☐ Yes, I am ready now ☐ Yes, I will be ready within 30 days ☐ Yes, I will be ready within 2-3 months ☐ Not at this time ☐ N/A

7. Other Additional Comments.
