

CONSULTANCY EVALUATION Please take a few minutes to complete this form, your feedback is important to us!

Please send completed forms to <u>helpdesk@oneitss.org.uk</u> or fax to 01642 692491

Name and Organisation of person(s) requesting consultancy:

SIMS Module:

Name of Consultant:

Date of Consultancy:

CODE: 1-Excellent - 5-Unsatisfactory

1. Please indicate how you rated the consultancy in relation to each of the following:

	1 Excellent	2 Good	3 Satisfactory	4 Poor	5 Unsatisfactory
a) Meeting your aims and objectives					
b) Knowledge of the consultant					
c) Consultants communication skills and approach					
d) Overall quality of the consultant					

2. If you've answered "unsatisfactory" to any aspect please provide further clarification as to the reasons behind this.