

1.

NYC Business Solutions Training is committed to serving local employers. Your answers will help us to continue to improve the program and will in no way impact Training Funds disbursements. We will be collecting individual trainee outcomes from you separately.

## 2. CONTACT INFORMATION

\* 1. Name:

\* 2. Title:

\* 3. Name of business:

## 3. PROGRAM COMPONENTS:

\* 1. Overall, how satisfied were you with the Training Funds program?

Very satisfied

Satisfied

Dissatisfied

Very dissatisfied

\* 2. What is the likelihood that you would apply for Training Funds again if a new training need were to arise?

Very likely

Likely

Unlikely

Highly unlikely

\* 3. What is the likelihood that you would recommend Training Funds to another business?

Very likely

Likely

Unlikely

Highly unlikely

\* 4. How satisfied were you with the quality of training your employees received?

Very satisfied

Satisfied

Dissatisfied

Very dissatisfied

\* 5. How satisfied were you with the assistance you received from Training Funds staff?

Very satisfied

Satisfied

Dissatisfied

Very dissatisfied

\* 6. How satisfied were you with the timeliness of Training Funds reimbursements?

Very satisfied

Satisfied

Dissatisfied

Very dissatisfied

## 4. FEEDBACK/SUGGESTIONS:

1. What was the greatest challenge you faced implementing or completing this project?

2. Do you have any suggestions for ways we could improve the Training Funds program?

3. Please feel free to include any additional comments or suggestions.

Thank you for your time.