

Business Planning

Graduation Survey

Name: _____

Name of Business: _____

Please describe your product or service as it now exists: _____

Please respond to the following by circling the appropriate number:

“I am confident in my...”	Strongly Disagree				Strongly Agree		
	1	2	3	4	5	6	7
Ability to determine my startup and expansion costs.	1	2	3	4	5	6	7
Ability to access useful feedback or advice for my business.	1	2	3	4	5	6	7
Understanding of the lending process.	1	2	3	4	5	6	7
Ability to forecast cash flow for my business.	1	2	3	4	5	6	7
Ability to create a marketing strategy for my target market(s).	1	2	3	4	5	6	7
Ability to present my business ideas to others.	1	2	3	4	5	6	7
Familiarity with competing businesses.	1	2	3	4	5	6	7
Ability to calculate a break-even point.	1	2	3	4	5	6	7
Ability to determine overhead costs.	1	2	3	4	5	6	7
Ability to contribute actively to group discussions concerning my business ideas.	1	2	3	4	5	6	7
Understanding of the tax, registration, and permit information needed for my business.	1	2	3	4	5	6	7
Ability to determine a price for my product/service.	1	2	3	4	5	6	7
Ability to connect with peers who appreciate my business-related ideas.	1	2	3	4	5	6	7
Ability to define my target market(s).	1	2	3	4	5	6	7
Ability to create a marketing budget.	1	2	3	4	5	6	7
Knowledge about analyzing credit reports.	1	2	3	4	5	6	7
Ability to connect with peers who understand my business-related issues.	1	2	3	4	5	6	7
Ability to define my sales unit(s).	1	2	3	4	5	6	7
Ability to define my variable costs.	1	2	3	4	5	6	7
Ability to create a complete business plan.	1	2	3	4	5	6	7
Ability to own and operate a small business.	1	2	3	4	5	6	7
Awareness of the next step(s) I should take regarding my business or business idea.	1	2	3	4	5	6	7

As best as you can, please explain what your next step(s) will be concerning your business/business idea:

Please respond to the following by circling the appropriate number:

"The facilitator..."	Strongly Disagree				Strongly Agree		
	1	2	3	4	5	6	7
Knows the course material.	1	2	3	4	5	6	7
Explained the material in a helpful, creative way.	1	2	3	4	5	6	7
Made me feel comfortable.	1	2	3	4	5	6	7
Maintained a positive attitude.	1	2	3	4	5	6	7
Engaged the whole class.	1	2	3	4	5	6	7
Kept the energy up during the class.	1	2	3	4	5	6	7
Listened well.	1	2	3	4	5	6	7
Created a welcoming environment.	1	2	3	4	5	6	7
Answered the questions I asked of him/her.	1	2	3	4	5	6	7
Made the course fun.	1	2	3	4	5	6	7
Treated me with respect.	1	2	3	4	5	6	7

What aspects of the class were most valuable to you?

Which topics do you wish were covered more extensively?

How do you believe this class (the curriculum and/or facilitation) can be improved?

Did you learn what you came to learn? Yes No

Would you recommend this course to someone else? Yes No

Possible recommendation

Name: _____

Phone: _____

Email: _____

Additional Comments:
