**TECHNICAL ASSISTANCE FEEDBACK**

We welcome the general views of our clients on the Technical Assistance we provide. Please check the space provided that corresponds to your evaluation.

Legend:

4 - Very Satisfied

3 - Satisfied

2 - Unsatisfied

1 - Very Unsatisfied

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| STATEMENT | 4 | 3 | 2 | 1 | TOTAL |
| 1. Observes the schedule |  |  |  |  |  |
| 1. Establishes the objectives of the technical assistance |  |  |  |  |  |
| 1. Uses necessary tools / process / procedure for the conduct of the Technical Assistance |  |  |  |  |  |
| 1. Provide relevant, timely and appropriate technical assistance |  |  |  |  |  |
| 1. Understand the situation of Schools Division, Districts or schools in case may be, their needs, aspirations, plans , strength and weaknesses |  |  |  |  |  |
| 1. Recommends/suggests points for improvement |  |  |  |  |  |
| 1. Provides constructive feedback and establishes a cordial atmosphere in giving of feedback |  |  |  |  |  |
| 1. Manifest skills and competencies of the TA Provider |  |  |  |  |  |
| 1. Processes the results of the technical assistance |  |  |  |  |  |
| 1. Shows clearer view in the provision of Technical Assistance |  |  |  |  |  |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suggestions:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature over Printed Name

Division/School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_