

**CONSULTANT EVALUATION FORM**

I am a: () Student () Faculty Member () Staff Member () Other

Name of my consultant: \_\_\_\_\_

Number of prior visits with this consultant on current problem: \_\_\_\_\_

My department or program: \_\_\_\_\_

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Please fill this out to help us improve the quality of service in the Statistical Consulting Center.

1. Were you satisfied with today's session?
  
  
  
  
  
  
  
  
  
  
2. What did you find valuable in this session?
  
  
  
  
  
  
  
  
  
  
3. What was missing from this session?
  
  
  
  
  
  
  
  
  
  
4. What one thing could your consultant have done to make this a better session?
  
  
  
  
  
  
  
  
  
  
5. In retrospect, is there anything you now see that you could have done before or during today's session to have helped us have a more productive session? Please elaborate.
  
  
  
  
  
  
  
  
  
  
6. If you wanted statistical advice in the future, would you choose to see this consultant again?

Other comments, questions, observations:

Send to: Statistical Consulting Center Director, c/o 1021 Cowley Hall, Mathematics Department, University of Wisconsin  
La Crosse