



Job #

Date Rec'd _____

Input Date _____

Output Type _____

Project Evaluation

Publications and Information Office

Form 294E v. 7/03

Client (your name): _____

Type/Title of project:

PIO specialist(s)/contact(s): _____

Please indicate by circling your level of satisfaction for this project in terms of:

1. Timeliness (i.e., responsiveness of PIO member to your inquiries, concerns, requests; how quickly the job was done; whether or not your deadline was met).

Not satisfied

Satisfied

Extremely Satisfied

Comments: _____

2. Quality of the product.

Not satisfied

Satisfied

Extremely Satisfied

Comments: _____

3. Overall service.

Not satisfied

Satisfied

Extremely Satisfied

Comments: _____

*Thank you for taking the time to complete this evaluation!
Your feedback will help us continue to evolve to better serve you!*

Noted by:

Unit Leader (Dept. Chair/County Admin./College Admin.)

PIO member (sign and date upon receipt)