



Connecticut Commission
on Culture & Tourism

PEER ADVISOR NETWORK CLIENT EVALUATION

Revised September 2005

The Client Organization must submit this evaluation to CCT within two weeks of completion of the PAN project.

GENERAL INFORMATION

Organization: _____

Mailing Address: _____

Contact Person: _____ Telephone: _____

Contact email: _____ Fax: _____

Peer Advisor: _____

EVALUATION

For the completed PAN consultancy, please check the boxes that most accurately reflect your experience of the following:

ADVISOR	EXCELLENT	GOOD	FAIR	POOR
Preparation in advance				
Identification of problem area(s) to be addressed				
Expertise in decided area(s) of need				
Accuracy & content of Final Report document				
Quality & value of recommendation(s)				
Overall outcome				
Overall satisfaction with consultancy				

