#### 1. Welcome

1. Welcome
Recently you used one of OHCM's organization development (OD) services.
Service: [INSERT TITLE OF SERVICE/ENGAGEMENT]
Dates: [INSERT DATE RANGE OF SERVICE/ENGAGEMENT]
Consultant(s): [INSERT NAME(S) OF CONSULTANT(S)]
Your feedback regarding the quality of this service and the performance of the consultant(s) is important. Where possible, please provide specific examples.
We appreciate your taking the time to complete this survey.

### 2. Goal Achievement

### To what extent did [the service] achieve the agreed upon goals?

	Very Little/No Extent		Some Extent		Very Great Extent
Goal #1	0	0	0	0	0
Goal #2	$\circ$	0	O	0	0
Goal #3	$\odot$	0	0	0	0
Goal #4	$\circ$	0	O	0	0
Comments:					
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what extent do you think [the service] will have an important chieving broader organizational goal(s)?  Very Little/No extent  rganizational goal #1  rganizational goal #2  omments:	Very Great N/A Extent	
Chieving broader organizational goal(s)?  Very Little/No extent  rganizational goal #1  C C C Imments:	Very Great N/A Extent	
Very Little/No extent  rganizational goal #1  rganizational goal #2  C  C  C  C  C  C  C  C  C  C  C  C  C	Very Great N/A Extent	
rganizational goal #2  Chieving broader organizational goal(s)?  Very Little/No extent  C C C  Comments:	Very Great N/A Extent	
rganizational goal #1  rganizational goal #2  O  O  O  O  O  O  O  O  O  O  O  O  O	Great N/A Extent	
rganizational goal #1 C C C rganizational goal #2 C C	Great N/A Extent	
Little/No extent Extent  rganizational goal #1 C C  rganizational goal #2 C C  comments:	Great N/A Extent	
organizational goal #1 C C C organizational goal #2 C C omments:	0 0	
rganizational goal #2 C C		
mments:		

#### 4. Consultant Effectiveness

# Throughout this effort, to what extent did the consultant(s) demonstrate proficiency in the areas listed below?

	Very Little/No Extent		Some Extent		Very Great Extent	N/A
Helping clarify and/or define specific outcomes	0	0	O	0	O	O
Assisting in setting timelines that worked	0	0	0	0	0	0
Using relevant tools, methods, and examples to support success in meeting the desired outcomes	0	0	0	0	0	0
Working with you to identify lessons learned, areas for action, and next steps	0	0	0	0	0	0
Facilitating connections to other OCHM staff and services, as needed	O	0	0	0	O	0

#### Comments:

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#### 5. Consultant Professionalism

# To what extent did the consultant(s) demonstrate the following characteristics?

	Very Little/No Extent		Some Extent		Very Great Extent	N/A
Being responsive to your needs and input	0	0	0	0	0	$\odot$
Working with you collaboratively sharing decisions, information, and responsibilities	O	O	0	0	0	O
Displaying professional competence	0	0	0	0	0	0
Treating people with respect	0	0	0	0	0	0
Attending to diversity and inclusion	0	0	0	0	0	0
Maintaining confidentiality	0	0	0	0	0	0
Providing constructive feedback that helped you learn	0	0	0	0	0	0
Comments:						

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### 6. Skill Transfer and Capacity Building

Extent of awareness gained C C C C C  Extent of skills gained C C C C C		Very Little/No		Some Extent		Very Great Extent
Extent of skills gained C C C C  Please provide specific examples:	Extent of awareness gained	Extent	0		0	
Please provide specific examples:						
			<b>△</b>			

OD Services Evaluation Form Template - Ov	verall Engagement
7. Other Comments about this Effort	
Do you have any other comments about the consulta	nts' work with you on this effort?
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#### 8. Recommendations for OHCM

The mission of OHCM's Organizational Leadership and Culture Office is to "ignite human and organizational excellence by building the capacity of Goddard's leaders to effectively lead people, lead change, and lead high-performing organizations."

## Do you have any recommendations for improving OHCM's Organization Development

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Thank you for pro	viding your valuable	feedback!			
If you wish to send	d comments directly	to OHCM manage	ment, please email		
Ron Brade, Direct	or of OHCM (Code 1	10): Verron.M.Brad	le@nasa.gov		
and/or					
Karen Weaver, Ch Karen.R.Weaver@	nief, Organizational L nasa.gov	eadership and Cu	Iture Office (Code 1	11):	