

**Evaluation Form:  
AMP Country Technical Assistance**

please note 1 = excellent, 2 = good, 3 = satisfactory, 4 = poor 5= very poor

In what capacity are you filling this form? (tick box(es))	CCM	NMCP x	PR	SR	Partner organization
Country:	SIERRA LEONE				
Name:	DR SAMUEL JUANA SMITH				
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**I. Technical Support – In country missions with NMCP and partners**

**Was the support you received from AMP appropriate?**

*yes*

**Did the support meet your needs?**

*yes*

**Was the support provided in a timely fashion?**

*In future, the consultant should also actively participate in the cascade training at the district level*

**Do you have any suggestions to improve future support?**

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**Consultants**

Please assess the consultant(s) that provided support to your country in terms of technical competence, communication skills, team-work and partnership skills?					
3.1.1 Technical competence	1	2	3	4	5
3.1.2 Communication skills	1	2	3	4	5
3.1.3 Team-work	1	2	3	4	5
3.1.4 Partnership skills	1	2	3	4	5

	Yes	No
3.2 Did the consultant fulfil the agreed terms of reference?	x	
3.2.1 Overall, was the consultant(s) assigned to your country team appropriate?	x	

3.3 Would you be willing to work with the same consultant again?	Yes x	No
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3.4 Any additional comments on the consultant or partner that provided support?
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