

Beneficiary Satisfaction Assessment

Date: _____

To: [Beneficiary Name]

Address: [Beneficiary Address]

Dear [Beneficiary Name],

As part of our ongoing commitment to ensuring the effectiveness and impact of our programs at [NGO Name], we invite you to participate in a Beneficiary Satisfaction Assessment. Your feedback is vital in helping us improve our services.

Please find below a few questions to guide your responses:

1. How satisfied are you with the services provided by [NGO Name]? (Very Satisfied, Satisfied, Neutral, Unsatisfied, Very Unsatisfied)
2. What aspects of the program have been most beneficial to you?
3. Are there areas within the program that you feel need improvement? Please specify.
4. Would you recommend our services to others? (Yes/No) Please explain your answer.
5. Any additional comments or suggestions:

Please return this assessment by [Return Date]. Your responses will remain confidential and will be used solely for improving our programs.

Thank you for your time and valuable input.

Sincerely,

[Your Name]

[Your Position]

[NGO Name]

[Contact Information]