# MEETING attendee EVALUATION form

Please take a moment to respond to the following questions so that we may improve in our efforts to meet your needs.

Meeting Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Topic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle the rating that you wish to give each area of the meeting:

(1= Excellent, 2= Good, 3=Average, 4=Fair, 5= Poor)

1) Site:

a) Location/Travel Distance 1 2 3 4 5

b) Food 1 2 3 4 5

c) Service 1 2 3 4 5

d) Meeting Room 1 2 3 4 5

Comments/Suggestions:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(1= Excellent, 2= Good, 3=Average, 4=Fair, 5= Poor)

2) Meeting:

a) Topic 1 2 3 4 5

b) Usefulness of Information 1 2 3 4 5

c) Take home value 1 2 3 4 5

d) Length of meeting 1 2 3 4 5

e) Interactivity 1 2 3 4 5

Comments/Suggestions:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) Format:

a) Was the scheduling convenient? ❑ Yes ❑ No

b) Was there enough time to cover the topic? ❑ Yes ❑ No

4) Ideas for future meetings, suggestions, comments, etc

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