# 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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