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| **Meeting Feedback Form** | **[COMPANY NAME]** |

BASIC Information

**DEPARTMENT**

[Choose an item.]

**Meeting agenda**

**Meeting details**

FEEDBACK ABOUT meeting

Please indicate how much you agree with the following statements by circling your response using the scale provided,

where 1 = strongly agree and 5 = strongly disagree.

| PICK | Feedback |
| --- | --- |
| The meeting purpose and objectives were clearly stated. | [Choose an item.] |
| Our meeting time was convenient for me. | [Choose an item.] |
| Our meeting place was convenient for me. | [Choose an item.] |
| We shared decision-making at this meeting. | [Choose an item.] |
| All meeting participants were actively involved. | [Choose an item.] |
| We used our meeting time effectively. | [Choose an item.] |
| I am satisfied with this meeting. | [Choose an item.] |
| I enjoyed this meeting.  What aspects of this meeting were particularly good?    What aspects of this meeting were particularly bad?  Do you have any suggestions or additional comments about this meeting? | [Choose an item.] |

Your comment