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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 |
| --- | --- |
| 1. The meeting purpose and objectives were clearly stated. | [Choose an item.] |
| 1. Our meeting time was convenient for me. | [Choose an item.] |
| 1. Our meeting place was convenient for me. | [Choose an item.] |
| 1. We shared decision-making at this meeting. | [Choose an item.] |
| 1. All meeting participants were actively involved. | [Choose an item.] |
| 1. We used our meeting time effectively. | [Choose an item.] |
| 1. I am satisfied with this meeting. | [Choose an item.] |
| 1. 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