

Staff Meeting Evaluation Form

Date: _____

Location: _____

Facilitator: _____

Evaluation Criteria

Clarity of Meeting Objectives:

1 2 3 4 5

Encouragement of Participation:

1 2 3 4 5

Organization of Topics:

1 2 3 4 5

Overall Satisfaction with the Meeting:

1 2 3 4 5

Additional Comments: