

# Social Service Agency Meeting Agenda

**Date:** [Insert Date]

**Time:** [Insert Start Time] - [Insert End Time]

**Location:** [Insert Location]

## Agenda Items

1. Welcome and Introductions
2. Review of Previous Meeting Minutes
3. Overview of Program Evaluation Goals
4. Discussion of Evaluation Methodology
5. Feedback from Staff and Stakeholders
6. Action Items and Next Steps
7. Open Floor for Additional Comments
8. Schedule Next Meeting

## Preparation for the Meeting

Please come prepared with:

- Your insights on the current program performance.
- Any relevant data or reports.
- Questions or concerns regarding the evaluation process.

## Contact Information

If you have any questions prior to the meeting, please contact:

[Your Name]  
[Your Position]  
[Your Email]  
[Your Phone Number]