

# Evaluation Form for Board Brainstorming Session

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Facilitator: \_\_\_\_\_

## Participant Information

Name: \_\_\_\_\_

Position: \_\_\_\_\_

## Session Evaluation

1. How would you rate the overall effectiveness of this session?

Excellent Good Fair Poor

2. Were the objectives of the session met?

Yes No

3. What aspects of the session did you find most beneficial?

4. What improvements would you suggest for future sessions?

5. Additional comments:

**Thank you for your feedback!**