Board Meeting Evaluation Form

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

Please take a few moments to provide feedback on this board meeting so that we may work to create the most effective meetings.

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| Were the materials you received prior to the meeting useful to the meetings success? Were they received in a timely way? Did you feel prepared? |
| Comments: |
| Did you discuss the issues most important to the organization (or did the conversation get sidetracked)? |
| Comments: |
| Did you feel able to be a productive part of the conversation? Did you feel welcomed into the discussion? |
| Comments: |
| Did you feel that time was well used during the meeting? |
| Comments: |
| Did you enjoy the meeting? Was the environment comfortable? Were the refreshments adequate? Was it fun? |
| Comments: |
| Overall, was the meeting worth your time? |
| Comments: |