Meeting Evaluation

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| Meeting's Subject: |  | | | | |
| Date conducted: |  | Duration: |  | Location: |  |
| Managed by: |  | | | Summarized by: |  |

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| # | Evaluation criteria | Yes | No |
|  | Was the meeting purpose clear? |  |  |
|  | Was the sitting arrangement given forehand? |  |  |
|  | Were there tasks scheduled for delivery before the meeting? Were these received? |  |  |
|  | Did the meeting start on time? |  |  |
|  | Were the meeting issues raised according to the written schedule? |  |  |
|  | Were additional insignificant issues raised? |  |  |
|  | Was the meeting purpose reached? |  |  |
|  | Were the titles given to the meeting issues appropriate? |  |  |
|  | What percentage of the meeting was ineffective? |  |  |

General feedback & comments

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