

Meeting Assessment Form

Please evaluate the overall effectiveness of our recent meeting.

Meeting organizer

Date of meeting

Time of meeting

OBJECTIVE	YES	NO
1 The agenda was delivered in advance.		
2 I understood why I was invited and what my role was.		
3 Discussions followed the agenda.		
4 The sound quality was good, with minimal background noise and distractions.		
5 The objectives were accomplished.		
6 The meeting started on time.		
7 The meeting ended on time.		

Please provide further feedback here:

