

Tool for Evaluating Meetings of Councils, Boards and Committees

Meeting Date:

Rating scale				
Terrible	Poor	So-So	Good	Excellent
1	2	3	4	5

1. My overall rating for the meeting. 1 2 3 4 5

2. Please rate each of the following:

- | | | | | | |
|---|---|---|---|---|---|
| • Consistent with traditional cultural values | 1 | 2 | 3 | 4 | 5 |
| • Positive, respectful atmosphere | 1 | 2 | 3 | 4 | 5 |
| • Agenda items were consistent with council or board role | 1 | 2 | 3 | 4 | 5 |
| • Role of the Chair | 1 | 2 | 3 | 4 | 5 |
| • Contribution of other members | 1 | 2 | 3 | 4 | 5 |
| • Our time was well managed | 1 | 2 | 3 | 4 | 5 |
| • Clarity of the agenda; goals were clear | 1 | 2 | 3 | 4 | 5 |
| • We achieved our goals | 1 | 2 | 3 | 4 | 5 |
| • Quality of the meeting materials | 1 | 2 | 3 | 4 | 5 |
| • Quality of staff-board relations | 1 | 2 | 3 | 4 | 5 |
| • Clear follow-up identified | 1 | 2 | 3 | 4 | 5 |
| • I was able to participate effectively | 1 | 2 | 3 | 4 | 5 |

Comments:

3. Most valuable aspect of the meeting:

4. How could the meeting be improved: