

## MEETING EVALUATION

Please take a moment to fill out this evaluation to help us plan future meetings.

1. The agenda meets my needs. Check one.

\_\_\_\_\_ 1. Totally

\_\_\_\_\_ 2. Yes

\_\_\_\_\_ 3. Mostly

\_\_\_\_\_ 4. Not at all.

2. Today, the most beneficial agendas item was

3. I would like us to include

\_\_\_\_\_ at the meetings.

4. What, if anything, needs to be changed?

5. Other comments, ideas, questions?

If you would like information to help move your coalition along or would like to have someone sit down and help develop a plan of action, fill out the information below and one of us will contact you. Or you may call us at anytime.

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

Community / Organization: \_\_\_\_\_

Type of assistance needed \_\_\_\_\_

Thank You

**WC WC  
ANNOUNCEMENTS**

**Please write out any announcements that you have about your local coalition that should be included in the meeting notes and give it to us before you leave the meeting.**

**Meeting dates  
Planned activities  
Special projects**

**Name** \_\_\_\_\_

**Orgaization** \_\_\_\_\_

ANNOUNCEMENTS:

OVER