**CHA/CHIP Steering Committee**

**MEETING EVALUATION**

**DATE:**

1. What do you think went well this meeting?
2. What could be improved or changed?
3. Please indicate your responses for each question in the boxes below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1Not at all | 2 Slightly | 3 Somewhat | 4Quite a bit | 5 Extremely |
| To what extent were the goals clear for this meeting? |  |  |  |  |  |
| To what extent were you committed to helping to achieve the goals for this meeting? |  |  |  |  |  |
| To what extent was there opportunity to discuss, share ideas, and ask questions? |  |  |  |  |  |
| How effective were the facilitators (Robin & Sarah) in helping the group achieve the meeting’s goals? |  |  |  |  |  |
| To what extent did you contribute to achieving the goals for the meeting? |  |  |  |  |  |
| Overall, how effectively did the group meet its goals during the meeting? |  |  |  |  |  |

1. Do you have other comments about today’s meeting, the facilitators, or the process?