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| Evaluation form |
| **Meeting:Date:Duration:**  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Relevance** | **Duration** | **Process** |
| high | okay | little | none | too long | okay | too short | super | okay | should be improved |
| **Item 1** |  |  |  |  |  |  |  |  |  |  |
| **Item 2** |  |  |  |  |  |  |  |  |  |  |
| **Item 3** |  |  |  |  |  |  |  |  |  |  |
| **Item 4** |  |  |  |  |  |  |  |  |  |  |
| **Item 5** |  |  |  |  |  |  |  |  |  |  |
| **Item 6** |  |  |  |  |  |  |  |  |  |  |

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| What was the best thing about the meeting?  |
| What would it take for your meetings to get even better in the future? |