## 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										

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