

## MEETING EVALUATION CHECKLIST

Make copies of this sheet and distribute to at least three people at the meeting you chair.

Chairperson's name \_\_\_\_\_

Evaluator's name \_\_\_\_\_

Evaluator's contact details \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### MEETING DETAILS

Date and time of meeting \_\_\_\_\_

Place of meeting \_\_\_\_\_

No. of people attending meeting \_\_\_\_\_

Duration of meeting \_\_\_\_\_

*Please evaluate the chairperson's effectiveness in running the meeting. Indicate whether you agree or disagree with each statement by marking a box.*

	Strongly agree	Agree	Disagree	Not applicable
The meeting started on time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The meeting kept to the agenda.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The meeting was conducted within appropriate time limits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The meeting discussion kept to the agenda.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All participants in the meeting were given the opportunity to express themselves.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The chairperson used appropriate strategies to allow and encourage all participants to contribute to the discussion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

