Insert School Logo Here

[Insert school name]

[Insert principal name]

**Meeting Evaluation Form**

Meeting or event name:

Date: Time: Location:

Presenter(s):

| **We appreciate your feedback. Please share your thoughts on this meeting.****3 – Strongly Agree 2 – Agree 1 – Disagree N/A – Does Not Apply** |
| --- |

|  | **3** | **2** | **1** | **N/A** |
| --- | --- | --- | --- | --- |
| The goals of this meeting were clear. |  |  |  |  |
| The meeting met my expectations. |  |  |  |  |
| The presenter(s) were knowledgeable about the topic(s). |  |  |  |  |
| I learned new ways to help my child. |  |  |  |  |
| Overall, this meeting was worthwhile |  |  |  |  |
| What was most helpful about this meeting? |
| How could we improve this meeting? |
| Please list any unanswered questions or concerns. If you would like to be contact by someone from the school, please list your name and contact information. |