

# Board or Committee Meeting Evaluation Form

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January 2014

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# Board or Committee Meeting Evaluation Form

Meeting date: \_\_\_\_\_ Meeting type:  Board  Committee – name: \_\_\_\_\_

Item	Strongly Disagree	Disagree	Agree	Strongly Agree
1. I received the materials in sufficient time to prepare for the meeting.				
2. Today's meeting started on time.				
3. The agenda was clear and realistic for the allotted meeting time.				
4. I had a clear understanding of the objectives for today's meeting.				
5. Agenda topics were appropriate, i.e. reflected Terms of Reference or Board role and annual workplan.				
6. Adequate background information was provided for each agenda item.				
7. The time spent on each item was appropriate.				
8. I felt supported and valued as a member of this committee/Board.				
9. I was encouraged to discuss and share my opinions openly.				
10. Disagreements were handled openly, honestly and directly.				
11. The chair kept discussions on track.				
12. The chair was prepared for the meeting.				
13. Meeting participants were prepared for the meeting.				
14. Follow-up action item responsibilities were clear to all meeting participants.				
15. Today's meeting finished on time.				
16. Overall, we accomplished a lot at this meeting.				

17. Comments:

Adapted from: Ontario Hospital Association: Governance Centre of Excellence. *Guide to Good Governance – Second Edition*. Toronto: Ontario Hospital Association, 2011.

