



TEAM MEETING SURVEY

TEAM meeting date & time..... Name.....(optional)
Please answer all questions rating worst at 1, and best at 5, this information can be anonymous.

During our meeting today...

Q: Did you feel comfortable? 1 2 3 4 5

Q: Was everyone introduced? 1 2 3 4 5

Q: Was there someone taking notes? 1 2 3 4 5

Q: Agenda rec'd before meeting? 1 2 3 4 5

Q: Agenda followed? 1 2 3 4 5

Q: Time to discuss each point? 1 2 3 4 5

Q: Did meeting end with summary? 1 2 3 4 5

Q: Did everyone get to speak? 1 2 3 4 5

Q: Do you know what happens next? 1 2 3 4 5

Please add any additional comments to improve our meetings.

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What questions would you add to improve this survey?

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Please complete and put in a suggestion box or place provided.

Thanks!