

Neighborhood Meeting Evaluation

Date _____

Name of Member

Phone number or e-mail address

Thank you for attending our neighborhood meeting. We appreciate knowing how well we have met your needs and expectations, and thank you for your candid evaluation. Please let us know what you thought about our meeting by checking the appropriate boxes in the categories below. We encourage you to write specific comments provided at the bottom of the page.

Program	<i>Excellent</i>	<i>Good</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>	<i>Not Applicable</i>
▪ Length	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Packet materials (if provided)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Audio/visual materials (if available)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments _____

Meeting Discussions

▪ How was information conveyed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ How was participation encouraged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ How was the response to questions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ How did the meeting follow the agenda?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments _____

Volunteering

____ Yes! Please contact me. I am interested in helping our Neighborhood Association.
I am interested in the following:

- | | | |
|--|--|---|
| <input type="checkbox"/> Telephone tree | <input type="checkbox"/> Fliers and notices | <input type="checkbox"/> E-mail services |
| <input type="checkbox"/> Programs | <input type="checkbox"/> Contacting businesses | <input type="checkbox"/> Committees |
| <input type="checkbox"/> Making cookies for meetings | <input type="checkbox"/> Hosting coffee | <input type="checkbox"/> Working on a project |
| <input type="checkbox"/> Other _____ | | |

My special skills and interests are _____

Overall Program Quality

What did you like most about this meeting?

How can our meetings be improved?
