

Meeting Evaluation Form

Date _____

Please help us make our support group the best it can be! Fill out this evaluation form and give it to the meeting facilitator when completed. Your confidential feedback is a gift, which is greatly appreciated.

Please **plainly print** your exact email address to receive meeting notices and our newsletter:
We do not share your email address with anyone for any reason.

1. How would you describe yourself (individual with a disability, care giver, researcher, health care professional, advocate, etc.)? _____
2. Was this a Speaker Presentation meeting? Yes No
 - a. If so, please rate the overall quality of the presenter(s). Excellent, Very Good, Fair, Poor
 - b. Did the presenter(s) use handouts? Yes No
 - c. If yes, how would you rate them? Excellent, Very Good, Fair, Poor
 - d. Would you be interested in learning more about the subject of this presentation? Y N
3. Did you find the discussion or presentation relevant and useful? Yes No
4. Was the meeting (e.g. room, speaker information, handouts, etc.) accessible? Yes No
 - a. If not, please explain. _____

5. Did you have any problems attending the meeting? Yes No
 - a. If you had difficulty, please explain. (e.g. transportation, location, time, date etc.) _____

6. Do you plan to attend future meetings of this group? Yes No
 - a. Why or why not? _____
7. Please suggest a topic for a future meeting: _____

Feel free to use the back of this sheet for additional comments.

Please Circle the number next to the description that best fits your overall experience at this meeting.

Excellent	1
Very Good	2
Fair	3
Poor	4

If you are interested in volunteering your valuable time to this worthwhile effort, please contact John Pistorius at (412) 481-5482 or jp@pabia.org.