## **Meeting Effectiveness Internal Survey**

Department / Team					
Type of Meeting (e.g., weekly sync, project update)  Meeting Organizer  Date of Meeting  How clear was the purpose of this meeting?  C 1 C 2 C 3 C 4 C 5  Was the agenda shared in advance? C Yes C No  Did the meeting start and end on time? C Yes C No  How effective was the meeting in achieving its objectives?  C 1 C 2 C 1					
Meeting Organizer					
Date of Meeting					
How clear was the purpose of this meeting?					
C1 C2 C3 C4 C5					
Was the agenda shared in advance?					
○ Yes ○ No					
Did the meeting start and end on time?					
○ Yes ○ No					
How effective was the meeting in achieving its objectives?  C 1 C 2 C 3 C 4 C 5					
Were action items and next steps clearly defined?					
<ul><li>○ Yes</li><li>○ No</li></ul>					

Any suggestions for improving future meetings?						
Other comments						