Team Meeting Communication Assessment

| Meeting Information | | |
|--------------------------|------------|----------|
| Date: | | |
| | | |
| Facilitator: | | |
| | | |
| Participants: | | |
| | | |
| | | |
| Assessment Criteria | | |
| Criteria | Assessment | Comments |
| Clarity of Objectives | | |
| Active Participation | | |
| Listening Skills | | |
| Respectful Communication | | |
| Action Items Defined | | |
| Summary/Recommendations | | |
| | | |
| | | |