

Community Meeting Feedback Short Form

Student: _____

Date _____

Meeting Location _____

Present: _____

1. Was the meeting respectful of cultural and ethnic factors? Yes___No___
2. Were the child and family needs sufficiently covered? Yes___No___
3. Was there a shift from challenges to strengths and hope? Yes___No___
4. Did the meeting seem well planned? Yes___No___
5. Did the meeting achieve its stated goals? Yes___No___
6. Did follow-up plans include a next meeting date? Yes___No___
7. Were assignments specific? Yes___No___
8. What was most helpful in the meeting? _____
9. What else would have been helpful? _____