Statewide Children's Wraparound Initiative Advisory Committee
Post Meeting Evaluation of _____ 2015

**** Please use one of the following initials to represent your role in this meeting:**
F= family member, Y= young adult, A= advocate, P= professional.

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	N/A
Example - The meeting started on-time	Y				
Meeting Process					
The desired outcomes for today's meeting were clearly communicated by the co-chairs					
There was an adequate amount of time available to cover each agenda topic					
We spent too much time on topics unrelated to the desired meeting outcomes					
I felt comfortable raising questions and participating in today's discussion					
The desired meeting outcomes were met					
Presentations & Discussion					
The information presented today was easy to understand					
I felt that my opinions were taken into consideration during the discussion					
Decision Making					
I had the information I needed to make informed decisions.					
I had enough time to use the information presented to make informed decisions..					
I felt that my opinions were taken into consideration during the decision making process					

What was the best thing about today's meeting? What was most valuable or helpful to you?

What was not valuable or helpful to you? What could we change to improve future CSAC meetings?

Suggestions for possible next meeting topics: