

MEETING EFFECTIVENESS INVENTORY (MEI)

Please answer the following questions about this meeting. Feel free to add comments.

TYPE OF MEETING: (circle one)

Coalition

Work Group

NAME OF WORK GROUP: _____

DATE OF MEETING: _____ NAME: _____

1. CLARITY OF GOALS FOR MEETING:

Poor (unclear, conflicting, unacceptable)	Fair	Satisfactory	Good	Excellent (clear, shared by all, endorsed with enthusiasm)
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1	2	3	4	5
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Comment:

2. GENERAL LEVEL OF PARTICIPATION IN THE MEETING:

Poor (people seemed bored or distracted, lack of verbal participation)	Fair	Satisfactory	Good	Excellent (all paid attention, all participated in the discussion)
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1	2	3	4	5
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Comment:

3. WHO CHAIRED THE MEETING?

- Chairperson
- Vice chairperson
- Staff
- Committee member

4. LEADERSHIP DURING THE MEETING:

Poor (group need for leadership not met)	Fair	Satisfactory	Good	Excellent (clear, sense of of direction provided)
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1	2	3	4	5
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Comment:
