

**NEW BEGINNINGS®
MEETING EVALUATION**

To ensure the continued value and quality of our discussions, we would appreciate your evaluation of this meeting. Please be as candid and specific as you can (signature is optional). Thank you!

Topic _____ **Location** (circle) MD DC VA **Date** _____
Facilitator _____ **Host** _____

Circle as appropriate, or elaborate where necessary.

Are you: *Separated* *Divorced* *Female* *Male* *Member* *Non-Member**
***If Non-Member, was this meeting your:** *1st* *2nd* **Did you feel welcome?** *Yes* *No*

Overall reaction to meeting: *Terrific* *Very Good* *Good* *Not So Good*

Why did you decide to attend this discussion?

TOPIC

Did the substance of the meeting meet your expectations? *Yes* *No*

What did you like most about the meeting?

What did you like least about the meeting? How would you change it?

If there were handouts, were they helpful? *Yes* *No* (*Please comment*)

FACILITATOR

Was the facilitator prepared? *Yes* *No*

Did you feel pressured to talk? *Yes* *No* **Inhibited from talking?** *Yes* *No*

Was the discussion handled: *Extremely Well* *Well* *Adequately* *Poorly*

What, if anything, could the facilitator have done to make it better?

ADDITIONAL COMMENTS OR SUGGESTIONS:

Signature (optional) _____ Phone _____