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? __________________________________________