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CEO Meeting Evaluation

Date: _____ **Meeting/Facilitator:** _____

Purpose

1. A physical meeting was **required**.

N/A 0 1 2 3 4 5 6 7 8 9 10
Strongly Disagree Strongly Agree

Comments: _____

2. Meeting Purpose and Objectives were **clearly defined**.

N/A 0 1 2 3 4 5 6 7 8 9 10
Strongly Disagree Strongly Agree

Comments: _____

Facilitator

3. Facilitator provided a **clear, concise, precise agenda**.

N/A 0 1 2 3 4 5 6 7 8 9 10
Strongly Disagree Strongly Agree

Comments: _____

4. Only **essential and contributory people** were invited to meeting.

N/A 0 1 2 3 4 5 6 7 8 9 10
Strongly Disagree Strongly Agree

Comments: _____

5. Facilitator designed the appropriate **meeting structure** and time format.

N/A 0 1 2 3 4 5 6 7 8 9 10
Strongly Disagree Strongly Agree

Comments: _____

6. **Appropriate facilitator/leader** was selected for meeting type.

N/A 0 1 2 3 4 5 6 7 8 9 10
Strongly Disagree Strongly Agree

Comments: _____



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Results

7. Meeting **objectives** were achieved.

N/A **0** **1** **2** **3** **4** **5** **6** **7** **8** **9** **10**
Strongly Disagree **Strongly Agree**

Comments: _____

8. Meeting **minutes** are clear, precise and concise.

N/A **0** **1** **2** **3** **4** **5** **6** **7** **8** **9** **10**
Strongly Disagree **Strongly Agree**

Comments: _____

9. **Clear, realistic task assignments** were outlined.

N/A **0** **1** **2** **3** **4** **5** **6** **7** **8** **9** **10**
Strongly Disagree **Strongly Agree**

Comments: _____

Other comments: _____
