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# Cooperative Studies Program (CSP) Meeting Evaluation Survey

# OMB No. 2900-0770Estimated Burden: 10 minutes

# Expiration Date: 9/30/2020

**The Paperwork Reduction Act of 1995:** This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Accordingly, we may not conduct or sponsor and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who complete this survey will average 10 minutes. This includes the time it will take to follow instructions, gather the necessary facts and respond to questions asked. Customer satisfaction is used to gauge customer perceptions of VA services as well as customer expectations and desires. The results of this telephone/mail survey will lead to improvements in the quality of service delivery by helping to achieve quality improvements to better our services. Participation in this survey is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

What is your position? (Optional):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Circle one number for each statement.* | **Strongly Disagree** | **Disagree** | **Undecided** | **Agree** | **Strongly Agree** |
| **Meeting Preparation** |
| 1. I received sufficient information (e.g., agenda, meeting purpose, etc.) about the meeting well in advance. | 1 | 2 | 3 | 4 | 5 |
| 2. I understood why this meeting was being held (e.g., information sharing, planning, problem solving, decision making, open discussion, etc.) and the specific outcomes expected. | 1 | 2 | 3 | 4 | 5 |
| 3. I understood what was expected of me as a participant, and what was expected of the other participants (including the leader, coordinator, chairperson, facilitator, etc.). | 1 | 2 | 3 | 4 | 5 |
| 4. I understood the intended flow of the meeting (e.g., agenda, schedule, design, etc.) and when it would end. | 1 | 2 | 3 | 4 | 5 |
| *Circle one number for each statement.* | **Strongly Disagree** | **Disagree** | **Undecided** | **Agree** | **Strongly Agree** |
| **Meeting Execution** |
| 5. Presentations were informative | 1 | 2 | 3 | 4 | 5 |
| 6. Presentations were clear | 1 | 2 | 3 | 4 | 5 |
| 7. Participants listened carefully to each other. | 1 | 2 | 3 | 4 | 5 |
| 8. Participants were able to express themselves openly, honestly, and directly. | 1 | 2 | 3 | 4 | 5 |
| 1. Breakout sessions were well facilitated
2. Agreements and/or conflicts were explored and constructively managed.
 | 1 | 2 | 3 | 4 | 5 |
| 11. The meeting achieved its intended purpose (e.g. the agenda was followed, it ended on time). | 1 | 2 | 3 | 4 | 5 |
| 12. My participation contributed to the outcomes achieved. | 1 | 2 | 3 | 4 |  5 |

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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Circle one number for each statement.* | **Strongly Disagree** | **Disagree** | **Undecided** | **Agree** | **Strongly Agree** |
| **Overall ratings** |
| 13. Overall, I am satisfied with this meeting and I feel my time here has been well spent. | 1 | 2 | 3 | 4 | 5 |
| 14. Overall, I believe that the meeting will advance the program in the right direction. | 1 | 2 | 3 | 4 | 5 |
| 15. I would look forward to another meeting like this one in the near future. | 1 | 2 | 3 | 4 | 5 |

1. **Please list any items you think were exceptionally good or deserve recognition about the meeting (e.g., presentations, organization, etc.).**
2. **Please list any items you think need improvement for the next meeting.**
3. **Other comments**