

Council \_\_\_\_\_ Contact Name \_\_\_\_\_ Date \_\_\_\_\_

## Business Partnership Council Evaluation

*Circle the number which best describes your answer where 1=excellent and 5= needs improvement*

### MEETING EVALUATION

Program	Excellent	←	Needs Improvement
The agenda was specific.	1	2	3 4 5
The agenda was received in advance of the meeting.	1	2	3 4 5
The meeting was productive.	1	2	3 4 5
The meeting was organized/timely.	1	2	3 4 5
Members understood their role and assignment.	1	2	3 4 5
Members input was received and understood by the College.	1	2	3 4 5

### ANNUAL EVALUATION

Program	Excellent	←	Needs Improvement
The meetings were timely.	1	2	3 4 5
The goals/objectives were addressed.	1	2	3 4 5
Council input was received and implemented by the College.	1	2	3 4 5
The Council serves an important role for occupational training.	1	2	3 4 5