Year Board of Trustees

**Retreat Evaluation**

Please rate the retreat success criteria below by checking the box which most closely reflects your views.

|  |  |
| --- | --- |
|  | **Ratings** |
|  | **Excellent** | **Good** | **Fair** | **Poor** |
| Relevance of the retreat agenda to the hospital’s most critical issues |  |  |  |  |
| Overall organization and flow of the retreat |  |  |  |  |
| Quality of trustees’ strategic thinking |  |  |  |  |
| Participation, interaction and teamwork among retreat participants |  |  |  |  |
| Quality of discussion and dialogue on issues that matter most to the hospital’s future |  |  |  |  |
| Value of the breakout groups in developing strategies and objectives |  |  |  |  |
| Time allowed to achieve retreat objectives |  |  |  |  |
| Success of the retreat in defining the hospital’s direction |  |  |  |  |

What were the most beneficial outcomes of the retreat?

What ideas do you have for future retreats?