

### SASb Meeting Survey

Please provide feedback to improve our communication and engagement process.

Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Date: \_\_\_\_\_

#### Survey Questions

Survey Question	Please Select One
1) Information provided was useful and understandable?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2) Meeting noticing was timely, informative about location, and meeting topic(s)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3) Opportunity to comment was provided?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4) Can we contact you regarding your survey to follow up?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Other SGMA topics and information of interest to you:

Other Suggestions on communication and engagement that would be helpful for the SGMA process: