**Instructions**

This template is for use by the Chairperson and Administrative Support to plan, complete and track key activities for holding the Consumer Feedback Meeting.

**Consumer Advisory Board**

**Consumer Feedback Meeting Logistics**

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| --- | --- |
| Meeting type: | Indicate one: Consumer Feedback Meeting, CAB Leadership Meeting |
| Meeting Date and time: |  |
| Location Name  Address: | Include name of room, if in-person (or specify if Virtual and insert link below) |
| Meeting Room capacity: | Indicate number of people |
| Virtual: | Insert link or N/A |
| Administrative Support: | Name and contact information (email, cell phone) |

| Administrative Support Responsibilities | | |
| --- | --- | --- |
| 1. Schedule meeting | * Secure meeting location for in-person attendance * Schedule virtual channel * Send meeting agenda asap | |
| 1. Meeting Accommodations | * Track Meeting Participants – p. 2 | |
| * Day of meeting: Ensure accommodations are in place | |
| 1. Food Logistics for in person attendance | * Food vendor identified: Name, date | |
| * Menu determined within budget: Price | |
| * Food set up: Assign | * Food clean up: Assign |
| 1. Meeting reminders | * Resend agenda with reminder note   + 3-5 business days before the meeting   + 1 business day before the meeting | |
| 1. Participant list | * Track meeting attendance day of meeting incl additional meeting participants not captured on meeting participant list | |
| 1. Incentives | * Track distribution | |
| 1. Meeting notes | * Capture meeting notes | |
| 1. Meeting evaluation | * Hard copy meeting survey provided to in person participants; collect * Online evaluations provided to virtual participants; collect * Capture evaluation data for analysis by CAB Chair | |
| 1. Work with Chairperson to:    * + track analysis completion of consumer dialogue feedback into report template within a week of meeting      + share meeting report with the Governing Body and selected committees      + send thank you emails to consumer participants      + schedule topic/issue updates with consumer participants | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Consumer Meeting Participants On CP Services | | | | | | | | | | |
|  | Last  Name | First  Name | Email | Cell | Referred by | Accommodation | | Attendance | | Incentive given  (Y/N) |
| List | Met (Y/N) | In person | Virtual |
| 1 |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |
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Template is available in Excel

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| --- | --- |
|  | Examples of accommodations for consideration |
| Auditory needs | Assistive listening device, captioning, reserved front row seat or close to presenter for lip-reading, public-address system, roving microphone, sign language interpreter |
| Mobility needs | Wheelchair accessibility and access to all working tables in the room, accessible parking, bus stop close to meeting location, accessible bathrooms, no loose cables across walking areas |
| Visual needs | Use of adaptive device, reserved front row seat, large print, advance copy of slides for projection and visibility from all seating, well-lit space |
| Service animals | Adequate rest space, toileting space |
| Others for consideration | Diet restrictions  Gender neutral bathroom  Scent free room  Interpreter needs  Transportation needs |