**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 |
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| 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 |
|  | LastName | FirstName | Email | Cell | Referred by | Accommodation | Attendance | Incentive given(Y/N) |
| List | Met (Y/N) | In person | Virtual |
| 1 |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

Template is available in Excel

|  |  |
| --- | --- |
|  | 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 restrictionsGender neutral bathroomScent free roomInterpreter needsTransportation needs |