**Group Evaluation Form**

**Group**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Group Leader(s)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Directions:** We would like your feedback on the group in which you participated. Please do not put your name on this form. All responses will be anonymous so please answer as honestly as possible. We value your input to ensure the quality of future groups.

**1. Please consider your group leader(s). Place an “X” under the rating that best describes their:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Excellent** | **Very Good** | **Good** | **Fair** | **Poor** | **N/A** |
| Preparation for group  |  |  |  |  |  |  |
| Organization during group  |  |  |  |  |  |  |
| Ability to answer participant questions |  |  |  |  |  |  |
| Attention to group participants and participant contributions during group  |  |  |  |  |  |  |

**2. Please consider the general features of the group. Place an “X” under the rating that best describes:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Excellent** | **Very Good** | **Good** | **Fair** | **Poor** | **N/A** |
| Materials used during group  |  |  |  |  |  |  |
| Practical skills taught during group |  |  |  |  |  |  |
| Overall rating of your group experience |  |  |  |  |  |  |

**3. Please rate your agreement with the following statement by placing an “X” by the correct rating:**

*“I believe that my symptoms have decreased as a result of my participation in this group.“*

 **Strongly Agree Agree Neutral Disagree Strongly Disagree**

**4. Please provide any comments or additional feedback/suggestions about the group in the box below:**

