



**THE CENTER FOR LOSS
AND BEREAVEMENT**

**Participant Evaluation of Adult/Caregiver
Nello's Corner Support Groups**

Date_____ Time passed since the death_____ Length of time in Nello's Corner_____

Please check the adult group in which you are participating:

- Tues A 4:30 Tues B 4:30 Wed A 4:30 Wed B 4:30
- Tues A 7:00 Tues B 7:00 Wed A 7:00 Teens

Using the scale below, please circle the number that most appropriately correlates to your feelings about the following statements concerning the Adult Support Group you currently attend and include your comments.

1	2	3	4	5
Strongly Disagree	Somewhat disagree	Neither Agree or Disagree	Somewhat Agree	Strongly Agree

I feel the group has offered me support in parenting my grieving children/teens. 1 2 3 4 5

I feel equal time is given to group members during discussions. 1 2 3 4 5

I am comfortable and at ease with the group's facilitator and the Center's environment. 1 2 3 4 5

Overall, I am satisfied with my support group, as it is meeting my needs and expectations. 1 2 3 4 5

I would recommend the Center for Loss and Bereavement to others seeking grief support

____ Yes _____ No

Rating of Child's Response to Nello's Corner Support Groups

Please check the group in which your child is participating:

- Tues A 4:30 Tues B 4:30 Wed A 4:30 Littles
 Tues A 7:00 Young Teens Tues B 7:00 Wed A 7:00 Teens

Using the scale below, please circle the number that appropriately correlates to your feelings about the following statements and include your comments:

1 2 3 4 5
Strongly Disagree Somewhat Disagree Neither Agree Somewhat Agree Strongly Agree

My child seems to look forward coming to Nello's Corner. 1 2 3 4 5

My child seems to benefit from being with others who have experienced a death. 1 2 3 4 5

My child has made some connections with others at Nello's Corner. 1 2 3 4 5

I feel that my child is coping with his/her grief more effectively since participating in Nello's Corner. 1 2 3 4 5

Nello's Corner has helped ease discussions at home about the death and our coping. 1 2 3 4 5

Overall, I am satisfied with my child's reactions to his/her support group. 1 2 3 4 5

Additional comments about your child's/teen's experience with the Nello's Corner peer support program:

Thank you for your invaluable feedback!