

Nello's Corner Support Group Feedback Form for Adult Caregivers

Our Center would appreciate your thoughts and comments concerning your family's participation in our Nello's Corner Family Peer Support Group Program. Your feedback is invaluable, as we strive to improve our services and plan for future families. Thank you for taking the time to complete this Feedback Form.

*** Required**

1. Date *

Example: January 7, 2019

2. Name *

3. Time passed since the death or loss *

4. Length of time at Nello's Corner *

5. Please check the ADULT group in which you are participating. *

Check all that apply.

Zoom Adult Group (with Pat)

Did not attend any Zoom Adult Groups this year (can skip down to Section 3)

**ADULT
Group**

Please choose the number that most appropriately correlates to your feelings about the following statements concerning the ADULT Support Group you currently attend. Feel free to add any comments in relation to your answer(s)

6. I feel the group has offered me support in parenting my grieving children/teens.

Mark only one oval.

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

7. I feel equal time is given to group members during discussions.

Mark only one oval.

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

8. I am comfortable and at ease with the group's facilitator and the Center's environment.

Mark only one oval.

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

9. Overall, I am satisfied with my support group, as it is meeting my needs and expectations.

Mark only one oval.

1 2 3 4 5

Strongly Disagree Strongly Agree

10. Comments on any of the above answers you provided in relation to your experience in the group.

CHILD
Group

Please choose the number that most appropriately correlates to your feelings about the following statements concerning the Support Group your CHILD currently attends. Feel free to add any comments in relation to your answer(s)

11. The Child I bring seems to look forward coming to the Nello's Corner group. *

Mark only one oval.

1 2 3 4 5

Strongly Disagree Strongly Agree

12. The Child I bring seems to benefit from being with others who have experienced a death. *

Mark only one oval.

1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

13. The Child I bring has made some connections with others at Nello's Corner. *

Mark only one oval.

1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

14. The Child I bring is coping with his/her grief more effectively since participating in Nello's Corner. *

Mark only one oval.

1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

15. Nello's Corner has helped ease discussions at home about the death and our coping. *

Mark only one oval.

1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

16. Overall, I am satisfied with the reactions my child has had to his/her support group.

*

Mark only one oval.

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

17. Additional comments about your child's/teen's experience with the Nello's Corner peer support program. Include any thoughts about the strengths of the program, areas for improvement and more recent virtual format:

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

Mark only one oval.

Yes

No

September Intentions

In order to begin planning for the start up of our peer groups in the fall, we would appreciate your thoughts with regard to your family's participation.

19. Our family plans to return to the Nello's Corner program in September *

Mark only one oval.

- At the Center only (if determined safe by PA Department of Health)
- On virtual platform only (if determined safest by PA Department of Health)
- Either at the Center or Virtually (as determined by Health circumstances)
- We are not planning to attend

20. Our group schedule preferences are (check all that apply):

Check all that apply.

- 4:30 pm every other Tuesday
- 4:30 pm every other Wednesday
- 7:00 pm every other Tuesday
- 7:00 pm every other Wednesday
- Mondays if offered
- Thursdays if offered

21. Please provide any details to scheduling preferences.

22. Please provide child(ren) name(s) and age as of September.

23. If siblings, I prefer for them to be scheduled in the same group if possible.

Mark only one oval.

Yes

No

24. Our family will not be returning in the fall but understand that if the needs arises, I can contact the Center to explore the possibility of joining groups or scheduling counseling. Please check all that apply:

Check all that apply.

Child(ren)is coping without further need of a peer support group.

Child(ren) no longer has the interest to attend.

Scheduling difficulties make it impossible to attend.

Moving from the area.

Receiving services elsewhere.

Transitioned to individual therapy.

Child has aged out of the program.

Other: _____

25. If Other, please explain.

26. Additional Comments:

27. Please provide a name and number if you would like a call regarding your participation.

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