

Specialized Adult Support Group Evaluation Form

* Required

1. Today's Date *



Format: M/d/yyyy

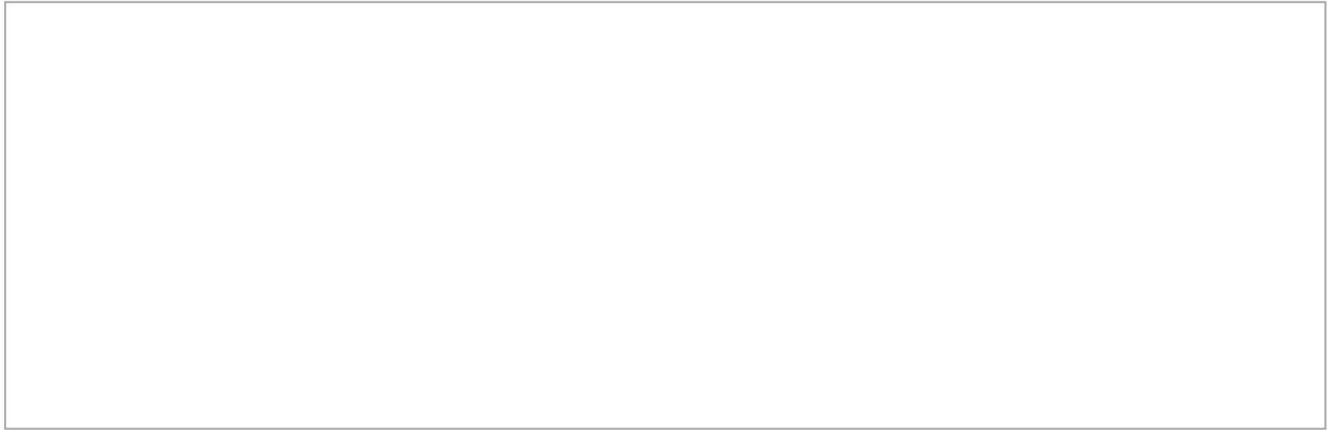
2. Name (optional)

3. Name of Support Group *

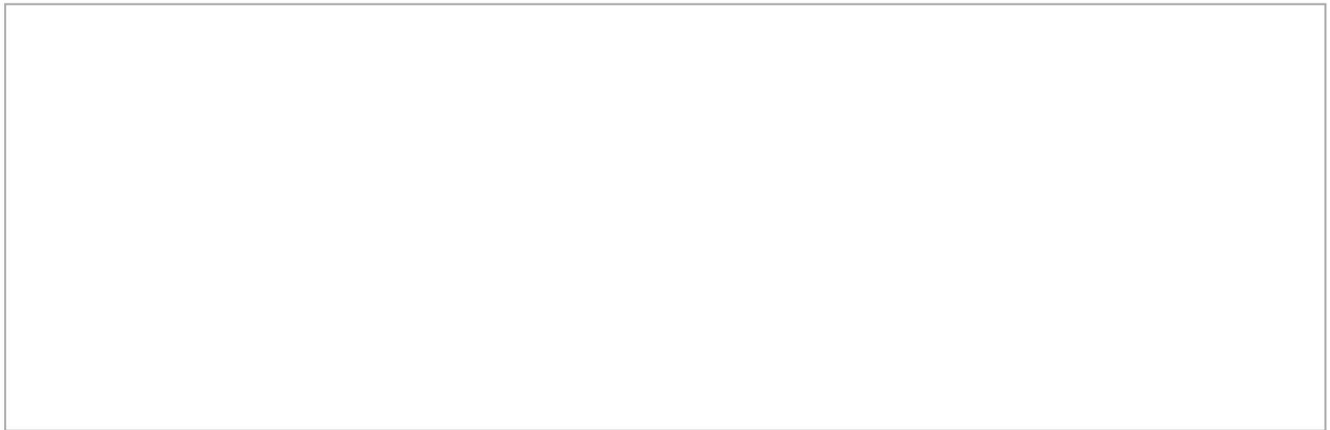
4. Please rate the following statements (1 strongly disagree- 5 strongly agree) *

	Option 1	Option 2	Option 3	Option 4	Option 5
I felt prepared for the group setting based on purpose, guidelines and format as explained to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The facilitator established an atmosphere of trust and safety, promoted interaction, and monitored group discussion topics for relevance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I gained new awareness about grief and ways in which to cope.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, the group met my expectations of providing support, hope and personal growth in my grief experience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would recommend the Center's Specialized Group Support Program to others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would return to the Center or seek further support in the future if needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

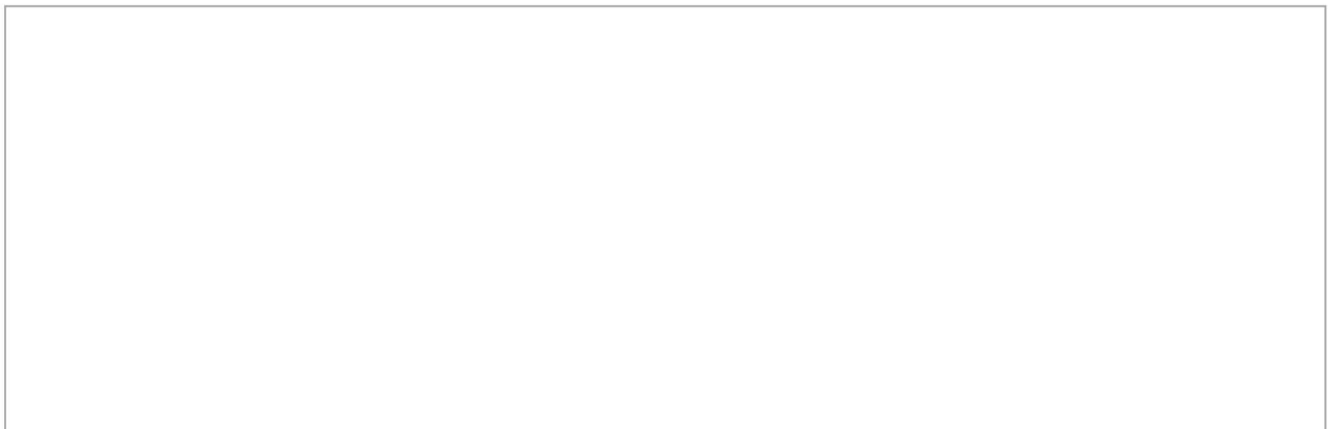
5. In your opinion, what was the most valuable part of this group? *



6. In your opinion, what was the least valuable part of this group? *



7. Other comments regarding effectiveness, format, session length, etc. *



8. With permission, your comments and feedback may be used on any of our Center's literature, website/social media or obtaining financial support through grants and foundations. *

- You may reprint my comments using my name (please include name in question #2)
- You may reprint my comments anonymously
- I do NOT want any of my comments reprinted
- I would be willing to be highlighted to tell my story as a program participant of the Center.
(Director will follow up with you)

9. Please indicate below if you would benefit from a call from the Program Director or Executive Director regarding any of your feedback, comments or concerns.

- Program Director, Lois Harris
- Executive Director, Emily Vincent

10. You have the opportunity to be connected to information about the Center. Please select your preference(s) below.

- I would like to be notified of the next support group session for my specific loss
- I would like to receive the Fall/Spring newsletter, e-newsletters, and articles/information about service
- I would like information about the Center's non-profit awareness and fundraising efforts/events

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