

SUPPORT GROUP EVALUATION

PLEASE HELP US EVALUATE OUR SUPPORT GROUP	
YOUR NAME (optional):	
YOUR LOSS:	
DATE OF LOSS:	

FACILITATOR RATING

Did the facilitator(s) create a welcoming and supportive environment? Yes No

COMMENTS:

Were the facilitator(s) effective at keeping each session flowing? Yes No

COMMENTS:

Were the facilitator(s) effective at communicating? Yes No

COMMENTS:

Were the facilitator(s) effective at listening? Yes No

COMMENTS:

GROUP RATING

Do you feel the session topics were helpful? Yes No

COMMENTS:

Do you feel the spiritual journaling was useful? Yes No

COMMENTS:

Do you feel the resilience exercises were helpful? Yes No

COMMENTS:

Do you feel the support group met your needs? Yes No

COMMENTS:

How would you rate this group? Poor Fair Good Very good Excellent

COMMENTS:

What suggestions do you have to improve this support group?

COMMENTS: