

Support Group Evaluation

GROUP NAME:		DATE:	
FACILITATORS:			
PLEASE HELP US EVALUATE OUR SUPPORT GROUP			
NAME (optional):			
YOUR LOSS:			
DATE OF LOSS:			
Do you feel you have a better understanding of your grief journey?			
Was the facilitator clear, easily heard, informative, and interactive with the group?			
What did you learn that you were not aware of before attending this group?			

Did you feel free to ask questions? Yes No

COMMENTS:

Were your questions answered to your satisfaction? Yes No

COMMENTS:

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

COMMENTS: