

# WELLNESS CENTER WEST

## Group Evaluation Form

Date: \_\_\_\_\_ Member ID# \_\_\_\_\_

Group Name:

\_\_\_\_\_

Facilitator Name:

\_\_\_\_\_

**What did you like about the group? What went well?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What did you not like? What could have gone better?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What topic(s) would you like the facilitator to discuss?**

\_\_\_\_\_  
\_\_\_\_\_

**What would you like to learn or do in this group?**

\_\_\_\_\_  
\_\_\_\_\_

**Please share any additional comments or suggestions.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What topic(s) would you like the facilitator to discuss?**

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**What would you like to learn or do in this group?**

\_\_\_\_\_  
\_\_\_\_\_

**Please share any additional comments or suggestions.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Overall, I enjoyed this group. (Circle one)**

1       2       3       4       5

Strongly Disagree    Disagree    Neutral    Agree    Strongly Agree

**I will attend this group again. (Circle one)**

1       2       3       4       5

Strongly Disagree    Disagree    Neutral    Agree    Strongly Agree

**Overall, I enjoyed this group. (Circle one)**

1       2       3       4       5

Strongly Disagree    Disagree    Neutral    Agree    Strongly Agree

**I will attend this group again. (Circle one)**

1       2       3       4       5

Strongly Disagree    Disagree    Neutral    Agree    Strongly Agree