**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_**

**Event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ATTACH FAMILES GROUP FEEDBACK FORM**

*Directions*: Please respond to the following items. We want your input so we can improve programs to better meet your needs!

1. What did you expect to learn and/or gain when attending this group event?

1. How well did  *1 2 3 4*
today’s event meet *Did not meet Somewhat met Met Exceeded*those expectations? *expectations expectations expectations expectations*
2. What topic(s)/activity(ies) would you like to see in future events?

1. How well does  *1 2 3 4*
this group meet *Does not meet Meets a few of Meets most Meets all of*
your needs? *any of my needs my needs of my needs my needs*
2. What can we do to better meet your needs and/or improve your experience in this group?
3. What was the most beneficial/meaningful thing you took away from today’s event?
4. What factors would stop you from attending future events? (Ex: scheduling conflicts, inconvenient location or limited transportation, topics don’t seem relevant to my needs, felt unwelcome, etc.)
5. What emotions were you experiencing at the start of today’s event? What emotions are you experiencing now? (*example*: *I felt anxious to come to an event where I did not know many people. Now I am feeling excited and grateful for the support I received tonight*)