## WELLNESS CENTER WEST

## Group Evaluation Form

Date:	Member ID#	Date:	Member ID#				
Group Name:		Group Name:					
Facilitator Name:		Facilitator Name:					
What did you like about twell?	the group? What went	What did you like well?	about the group? What went				
What did you not like? W better?	/hat could have gone	What did you not better?	like? What could have gone				
		What topic(s) wo	uld you like the facilitator to				
What would you like to learn or do in this group?		What would you I	like to learn or do in this group?				
Please share any additional comments or suggestions.		Please share any additional comments or suggestions.					

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Group Evaluation Form

Overall, I enjoyed this group. (Circle one)		Overall, I enjoyed this group. (Circle one)					
□1 □2 □3	□4 □5	□ 1	□ 2	□ 3	□ 4	□ 5	
Strongly Disagree Disagree Neutral	Strongly Agree Agree	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
I will attend this group again. (Circle one)		I will attend this group again. (Circle one)					
□1 □2 □3	□4 □5	□ 1	□ 2	□ 3	□ 4	□ 5	
Strongly Disagree Disagree Neutral	Strongly Agree Agree	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	