

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.

Overall, I enjoyed this group. (Circle one)

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

I will attend this group again. (Circle one)

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree