

(Insert Name) PROGRAM
Support Group Evaluation Form

1. **Which face best captures how you feel about this program overall?**

(please mark an 'x' over your choice)



What do you like best?

What do you like least?

2. **For each of the following statement please circle the response that best reflects your feeling about that statement.**

This program has made an important difference in my life

Strongly Agree Agree Disagree Strongly Disagree

I feel welcome when I attend support group meetings

Strongly Agree Agree Disagree Strongly Disagree

I have learned skills in this program that I use each day

Strongly Agree Agree Disagree Strongly Disagree

I am a better parent as a result of this program

Strongly Agree Agree Disagree Strongly Disagree

I felt safe when raising my point of view in meetings

Strongly Agree Agree Disagree Strongly Disagree

I practice better nutrition as a result of this program

Strongly Agree Agree Disagree Strongly Disagree

I am more aware of community service that can help me as a result of participating in this program

Strongly Agree Agree Disagree Strongly Disagree

