(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
3. How relevant was the program to your experience with ____________?
   (place an 'x' on the line below)

   No at all  Somewhat  Very

   Comments:

   _______________________________________________________
   _______________________________________________________
   _______________________________________________________

4. How would you rate the way the program staff (or volunteers) interacted with participants?
   (place an 'x' on the line below)

   Very Poorly  Very well

   Comments:

   _______________________________________________________
   _______________________________________________________
   _______________________________________________________

5. Describe an experience that you have had since participating in the program that you dealt with differently because of what you learned through this program?

   _______________________________________________________
   _______________________________________________________
   _______________________________________________________

6. How do you think we could improve the program?

   _______________________________________________________
   _______________________________________________________
   _______________________________________________________

Thanks for helping us to assess and improve the program!!