

Untangled Counseling

Group Counseling Evaluation

12/2012

In order to get a better feel and understanding for how the past 12 weeks have met your expectations, please take a few minutes and fill out the following evaluation on your group experience. This information is voluntary and will be kept confidential. I appreciate your honesty and ask that you do not put your name on the sheet so that your responses will remain anonymous. Your feedback will help me improve the group counseling services. Fill out the form and return it to the group leader.

For #1-7, please circle the number along the scale that best represents your experience.

	Strongly Agree 5	Agree 4	Neither Agree Or Disagree 3	Disagree 2	Strongly Disagree 1
1. I made progress toward my personal goals.					5 4 3 2 1
2. I can work more effectively on my personal growth and healing.					5 4 3 2 1
3. I can better understand my struggle and process moving forward.					5 4 3 2 1
4. I am able to better communicate my thoughts and feelings.					5 4 3 2 1
5. I feel that I can better handle my feelings and behavior.					5 4 3 2 1
6. I am learning to develop healthier relationships with others.					5 4 3 2 1
7. I am satisfied with my overall group counseling experience. (If disagree please explain)					5 4 3 2 1

Group Setting

1. Did you like the setting/location of the group or would you have preferred something different? Explain.
2. Did you feel the number of individuals participating in the group were:
 Too Many Just Enough Not enough
3. Did you feel safe and comfortable sharing in a group setting? If not, please indicate any hindrances.
4. Did the group environment provide enough connection with others to help you with any isolation issues? What more could be done to foster connection with others? Please explain.
5. Did you feel each session allowed enough time for each participant to share? If not, please explain.

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Group Content

6. Did this group meet your expectations? If not, please explain.
7. Were the weekly topics effective in your healing process? Please explain.
8. What if any topics **NOT** addressed would you like to see added?
9. What were the most meaningful/helpful topics to you?
10. Of the topics we covered, are there any you would like to spend more time diving into deeper? (Please check appropriate boxes and list your top 4 preferences in order 1-4.)

Betrayal	<input type="checkbox"/>	<input type="checkbox"/>	Grief	<input type="checkbox"/>	<input type="checkbox"/>	Anger & Fear	<input type="checkbox"/>	<input type="checkbox"/>
Codependency	<input type="checkbox"/>	<input type="checkbox"/>	Who is Responsible?	<input type="checkbox"/>	<input type="checkbox"/>	Authenticity	<input type="checkbox"/>	<input type="checkbox"/>
Forgiving/Reconciling	<input type="checkbox"/>	<input type="checkbox"/>	Taking Care of Yourself	<input type="checkbox"/>	<input type="checkbox"/>	Rebuilding Trust	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Intimacy	<input type="checkbox"/>	<input type="checkbox"/>	Obsessive Thoughts	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>

11. Would you be interested in participating in a second level?

Overall Evaluation

1. What did you like about the group?
2. What did you dislike about the group?
3. What would you say to someone about the group, if they experienced something similar to you?
4. Can I use your comments in any promotional material? (If so, please see me to sign a release.)

Comments: