

Family Feedback Form

Session Date: ____/____/____ Session #: _____

Family ID: _____

Circle your answer.

- | | | | |
|--|----|-------|-----|
| 1. We look forward to coming to group. | No | Maybe | Yes |
| 2. We stuck with the schedule of activities. | No | Maybe | Yes |
| 3. We learned new skills about _____. | No | Maybe | Yes |
| 4. We enjoyed ourselves. | No | Maybe | Yes |
| 5. We think this group is helping. | No | Maybe | Yes |

Comments: