

# 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: