SESSION 5:
WEEKLY EVALUATION FORM

NAME

DATE

1. I FOUND THIS SESSION TO BE (please tick)

☐ NOT INFORMATIVE ☐ NEUTRAL ☐ QUITE INFORMATIVE ☐ VERY INFORMATIVE

2. I FEEL THAT THE GROUP FACILITATORS WERE (please tick)

☐ NOT INFORMATIVE ☐ NEUTRAL ☐ QUITE INFORMATIVE ☐ VERY INFORMATIVE

3. I WOULD HAVE LIKED MORE INFORMATION ON

4. WE WOULD WELCOME FURTHER COMMENTS ON THE SESSION AS THIS INFORMS OUR PRACTICE, THANK YOU.

5. IS THERE ANYTHING FROM THIS SESSION THAT YOU WOULD LIKE THE GROUP FACILITATORS TO DISCUSS WITH YOU BY PHONE IN MORE DETAIL? (please tick)

☐ YES, PLEASE PHONE ME THIS WEEK ☐ NO