Sexual Assault Survivors Group Evaluation Form

What did you enjoy or find positive about this group? In what ways, if any, was the group helpful to you?

What would you do differently if you were leading this group?

How would you describe the group experience to a friend?

Please give feedback about your group’s leader/s. Both positive and negative feedback is welcome.

Think about the timing of your group – day of week, time of day, length of each session, number of sessions. Please give any relevant feedback.

Please tell us positives/ negatives about the group meeting room.

Would you like to participated in a group next semester? If so, what type of group?