

RESIDENT GROUP EVALUATION SUMMARY

Your Name: _____
(Optional)

Date: _____

TREATMENT GROUP: _____

GROUP FACILITATOR: _____

Rate your group using the following questions.

Please feel free to make any comments or notes regarding this group.

1. Overall, did you understand the ideas and material presented in group?
 - No, not at all.
 - Yes, somewhat.
 - Yes, most of what I learned.
 - I understood all of the ideas and material.

2. Will you be able to apply what you learned in this group to your daily living?
 - No, not at all.
 - Yes, somewhat.
 - Yes, most of the ideas and material.
 - I will be able to apply all of what I learned to my daily living.

3. Will this group be helpful to you in avoiding problems with alcohol, drugs, and/or criminal thinking?
 - No, probably not.
 - Yes, somewhat helpful.
 - Yes, helpful.
 - Yes, very helpful.

4. Will this group be helpful in preventing you from becoming involved in further criminal actions?
 - No, probably not.
 - Yes, somewhat helpful.
 - Yes, helpful.
 - Yes, very helpful.

5. Now, rate the *Group Facilitator* on each of the following:

a. Started group at scheduled time.	<input type="checkbox"/> No	<input type="checkbox"/> Yes, somewhat	<input type="checkbox"/> Yes
b. Ended group at scheduled time.	<input type="checkbox"/> No	<input type="checkbox"/> Yes, somewhat	<input type="checkbox"/> Yes
c. Was prepared for the sessions	<input type="checkbox"/> No	<input type="checkbox"/> Yes, somewhat	<input type="checkbox"/> Yes
d. Used examples to get ideas across	<input type="checkbox"/> No	<input type="checkbox"/> Yes, somewhat	<input type="checkbox"/> Yes
e. Presented sessions in a clear manner	<input type="checkbox"/> No	<input type="checkbox"/> Yes, somewhat	<input type="checkbox"/> Yes
f. Helped group to talk and share	<input type="checkbox"/> No	<input type="checkbox"/> Yes, somewhat	<input type="checkbox"/> Yes
g. Listened to group members	<input type="checkbox"/> No	<input type="checkbox"/> Yes, somewhat	<input type="checkbox"/> Yes
h. Expects group members to change	<input type="checkbox"/> No	<input type="checkbox"/> Yes, somewhat	<input type="checkbox"/> Yes

6. Comments and Notes: