

A Guide to Rebuilding Shattered Lives

Evaluation Form

Your feedback is important! Evaluations will help the facilitators plan future sessions. Please be as candid as possible. Information provided will be kept in the strictest confidence.

Prior to attending these sessions you were provided with written material concerning the sessions and you completed an in-take form. Do you feel that this prepared you adequately to attend the sessions? Yes / No .

If No, please tell us what could have been improved to help you prepare for these sessions.

Please evaluate each of the six sessions (on a scale of 1 (least value) to 5 (most value)).

1. Session One: Orientation and Commemoration 1 2 3 4 5

What were the Pros and Cons of Session One?

2. Session Two: Self Care Part 1 1 2 3 4 5

What were the Pros and Cons of Session Two?

3. Session Three: Grief and Trauma Response 1 2 3 4 5

What were the Pros and Cons of Session Three?

4. Session Four: Grief and Trauma Response Part II 1 2 3 4 5

What were the Pros and Cons of Session Four?

5. Session Five: Faith and Spirituality 1 2 3 4 5

What were the Pros and Cons of Session Five?

6. Session Six: Self Care Part II/Commemoration and Celebration 1 2 3 4 5

What were the Pros and Cons of Session Six?

PLEASE COMMENT ON THE VALUE OF THE SESSIONS AS A WHOLE.

- Do you feel that all the topics covered were beneficial to you? Were there any you would change for future sessions?

- Was adequate time provided for input from presenters and participants? Yes / No .
If No, please tell us what could have been improved including which particular session(s).

- Do you feel that these sessions have helped strengthen your resiliency against various risk factors?
Yes / No .
Please elaborate.

- Can you name three positive outcomes you have gained from these sessions?

- Please tell us how important the calming period exercises were for you.

- Are there other closing formats you would find to be as, or more, useful? Yes / No .
If Yes, please elaborate.

- Was the time allocated for each session (three hours), the duration (six weeks), number of participants suitable? Yes / No .
If No, what would you change?

- Do you feel that the location and room set-up/atmosphere were beneficial to these sessions? Yes / No .
If No, can you recommend another location and/or set-up/atmosphere?

- Have you any additional comments to help us improve future sessions?

Thank you for your participation. Please return your evaluation form to the facilitators.