



# Half-Way Program Feedback Form



Date of Birth.....

Gender .....

Date.....

Location.....

*Please answer the following questions by circling the answer most appropriate to you.*

ARE YOU FEELING COMFORTABLE IN THE GROUP?

Yes

Sometimes

No

ARE YOU HAVING FUN?

Yes

Sometimes

No

ARE YOU CLEAR ABOUT THE PURPOSE OF THE GROUP?

Yes

Sort of

No

ARE THE FACILITATOR'S WARM AND ENCOURAGING?

Yes

Sometimes

No

ARE YOU ENJOYING THE DRUMMING AND MUSIC MAKING?

Yes

Sometimes

No

DO YOU FEEL THE GROUP IS WORKING WELL TOGETHER?

Yes

Sometimes

No

ARE THE TOPICS DISCUSSED IN THE GROUP RELEVANT TO YOU?

Yes

Sometimes

No

DO YOU FEEL YOUR INPUT IS VALUED IN THE GROUP?

Yes

Sometimes

No