

Parenting Support Group Evaluation Form for Survivors of Domestic Violence

This is an anonymous questionnaire. Please do not put your name on it. We value your feedback, and the answers you provide will be used to improve the services we provide. Thank you in advance for taking the time to answer to the following questions.

I attended the following number of group sessions (please check one):

1-2 sessions 3-5 sessions 6-10 sessions more than 10 sessions

This group made it easier for me to discuss domestic violence with my child(ren):

A lot Somewhat A little Not at all

Comments: _____

I am aware of my child's safety plan:

Yes No

Information presented in the group sessions was helpful:

A lot Somewhat A little Not at all

Comments: _____

The most helpful aspect of the group was: _____

The least helpful aspect of the group was: _____

The amount of time was adequate: Strongly Agree Agree Disagree Strongly Disagree

Comments: _____

The space for group was comfortable: Strongly Agree Agree Disagree Strongly Disagree

Comments: _____

If your children shared anything with you about the groups they have attended, please provide a brief description of the nature of their opinions/comments:

Any additional comments/suggestions or statements?

Please check this box if you give us permission to share your comments on PR materials and/or funding reports. Again, this information will remain anonymous.