

## Appendix G: Evaluation Form for the Life Skills Sessions

### Evaluation Form

Session Title: \_\_\_\_\_

Date: \_\_\_\_\_

1. What did you enjoy the most about this session?

2. What did you enjoy least about this session?

3. How much information covered in this session was new to you?

1 – NONE

2 – A LITTLE

3 – SOME

4 – MOST

5 – ALL

4. Overall, how would you rate this session?

1  
VERY POOR

2  
POOR

3  
AVERAGE / OK

4  
GOOD

5  
VERY GOOD

5. What suggestions can you make so that we can improve this session for future groups?

Thank you for taking the time to fill out this form.  
Your comments will be valuable in helping us to improve the course.

