



CHI Parent Education Support Survey

Date: ____/____/____ Topic: _____ Speaker: _____

Please take a moment to provide us feedback on today's group. We look forward to hearing your feedback.

	Very	Somewhat	Not at all	
How comfortable and inviting was the environment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you feel as if you benefited from attending this group?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were the topics relatable to your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you likely to return in the future for additional meetings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were the leaders knowledgeable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were the leaders approachable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What other topics should be considered for future group sessions? _____

Any other suggestions that you would like to have considered _____
