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.