

## Session Evaluation Form

**Facilitator Name(s):** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Location:** \_\_\_\_\_

**HHRP Session:**

<b>Group Session</b>	# _____
<b>Individual Orientation</b>	_____
<b>Individual Closing</b>	_____

**How long was the group/individual session?** \_\_\_\_\_

**If a group, how many participants attended?** \_\_\_\_\_

### Group Session Evaluation

*(If rating an individual session skip to Question 17)*

**Please circle the number that best represents your response to the questions.**

1= Not Very Well    2= Somewhat Well    3= Satisfactory    4= Well    5=Very Well

#### **How did the facilitator:**

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1. Encourage group participation?                     | 1 | 2 | 3 | 4 | 5 |
| 2. Respond to the group (i.e. address questions)?     | 1 | 2 | 3 | 4 | 5 |
| 3. Redirect the group?                                | 1 | 2 | 3 | 4 | 5 |
| 4. Manage the affect of the group (deal with stress)? | 1 | 2 | 3 | 4 | 5 |
| 5. Control the group's behavior?                      | 1 | 2 | 3 | 4 | 5 |
| 6. Draw quiet people out?                             | 1 | 2 | 3 | 4 | 5 |
| 7. Deal with crisis?                                  | 1 | 2 | 3 | 4 | 5 |
| 8. Stay on time for each activity?                    | 1 | 2 | 3 | 4 | 5 |
| 9. Empathize with participants?                       | 1 | 2 | 3 | 4 | 5 |
| 10. Maintain neutral judgment?                        | 1 | 2 | 3 | 4 | 5 |

# HHRP Holistic Health Recovery Program

11. Maintain their degree of professionalism?	1	2	3	4	5
12. Explain the didactic portions of the session?	1	2	3	4	5
13. Provide positive reinforcement?	1	2	3	4	5
14. Provide corrective feedback?	1	2	3	4	5
15. Manage all materials (i.e. props)?	1	2	3	4	5
16. Demonstrate respect and appreciation for cultural, racial, gender and religious diversity?	1	2	3	4	5

## **Individual Orientation Session**

17. Orientated client to Holistic Health Recovery Program

a. Created positive image of HHRP?	Yes	No
b. Discussed attendance and other rules?	Yes	No
c. Provided AND explained the purpose of Client Workbook?	Yes	No
d. Discussed Certificate of Completion?	Yes	No
e. Completed pre-treatment assessment (pre-test)?	Yes	No

## **Individual Closing Session**

18. Debrief client in order to provide closure for Holistic Health Recovery Program

a. Made appropriate treatment referrals?	Yes	No
b. Completed post-treatment assessment (post-test)?	Yes	No

19. What activities if any, were added to any part of the group or individual session?

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20. Were any problems or difficulties encountered with this group or individual session?

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**Observation Comments:**

Facilitator strengths:

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Areas to be improved:

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Action Plan:

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