Session Evaluation Form

Facilitator Name(s):_____________________________________________________
Date: ____/___/_____  Location: __________________________________________

HHRP Session:  Group Session   #_____  
                Individual Orientation   _____  
                Individual Closing     _____  

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
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?

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

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

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
**Observation Comments:**

Facilitator strengths:

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Areas to be improved:

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Action Plan:

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________