

Participant Feedback Form

Name: _____

Email Address: _____

Gender:

- Male
 Female

Facilitator name:

Date of MTS Small Group:

Location of MTS Small Group:

City _____ State: _____ Zip code: _____

Congratulations! You've completed a MTS Adult Support Group. We care deeply about your experience and appreciate you taking the time to send us your feedback using the survey below.

How satisfied were you with your group experience?

5 - Very Satisfied

4 - Satisfied

3 - Fair

2 - Dissatisfied

1 - Very Dissatisfied

Please answer the following 7 questions by using a 1 to 5 scale:

1. How was your intake?
2. How satisfied were you with your personal growth?
3. How satisfied were you with the group's process time?
4. How would you rate the MTS Workbook?
5. How would you rate your experience with sharing from your workbook during group?
6. How satisfied were you with your facilitator?
7. How satisfied were you with the Participant Connect pieces?
8. How likely are you to refer others to MTS resources and small groups?

If MTS were to offer additional training resources for facilitators, what topics would be helpful for us to cover? _____
