

UNO Counseling Department
Group Experience Evaluation

Please provide your feedback regarding your recent group experience using the following scale.

1: Did Not Meet Expectations 2: Met Expectations 3: Exceeded Expectations

My group leader:

Was punctual for all scheduled group sessions	1	2	3
Was professional in attire and disposition	1	2	3
Explained the rules/parameters of the group experience	1	2	3
Provided a safe therapeutic environment	1	2	3
Provided strength based feedback when necessary	1	2	3
Modeled the skills and professionalism of a mental health professional	1	2	3

My group experience overall:

Was a positive experience	1	2	3
Enhanced my understanding of the group stages	1	2	3
Enhanced my understanding of group dynamics	1	2	3
Challenged me to grow personally	1	2	3
Challenged me to grow professionally	1	2	3

Please describe the strengths of the group leader:

Please describe any concerns you had with/about the group leader:

I would suggest the following improvements/enhancements for the group experience:

Additional Comments: