

**EVALUATION / FEEDBACK FORM**

Thank you for participating in the Family Group Decision Making meeting. We are interested in your thoughts, opinions and feedback regarding the value of this service.

Please answer the following questions in your own words and include anything that you would suggest we change or improve.

1. How helpful did you find the Family Meeting?

Not Helpful At All

Somewhat Helpful

Very Helpful

1	2	3	4	5

2. What did you find most helpful about the Family Meeting?

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3. What did you find least helpful?

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4. Are there any changes you think we should make or things we could improve upon?

\_\_\_ Yes (please explain below)

\_\_\_ No

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5. What difference did the Family Decision Making Meeting make in your life or your family's life?

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6. Would you recommend Family Group Decision Making to other families?

Yes (please elaborate if you wish)

No

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Thank you for taking time to complete this evaluation form.