

**Overall CACHC Parent Support Group Evaluation**

**What is the overall value of Parent-to-Parent group to you?**

- High Value (4)
- Moderate Value (3)
- Low Value (2)
- No Value (1)

**The facilitator was well organized and well-prepared for the group sessions.**

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

**The facilitator stimulated and supported discussion in such a way that a community atmosphere was created.**

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

**Were the objectives met?**

- |   |                |
|---|----------------|
| Define trauma, what it is, and how to address it with your family   | Yes ___ No ___ |
| Identify the five stages of grieving                                | Yes ___ No ___ |
| Know how to have vulnerable and hard conversations                  | Yes ___ No ___ |
| Understand the importance of sex education talk with your child     | Yes ___ No ___ |
| Recognize the value of your personal response to child sexual abuse | Yes ___ No ___ |

**How likely are you to attend another group like this?**

- |               |          |         |                   |               |
|---------------|----------|---------|-------------------|---------------|
| (Less Likely) | (Likely) | (Maybe) | (Somewhat Likely) | (More Likely) |
| 1             | 2        | 3       | 4                 | 5             |

**In what way(s) have the support group sessions been most beneficial for you?**

**What has been the least beneficial for you? Why?**

**What are topics that you would be interested to learn more about or need help with?**

Please Provide The Demographic Information That Best Describes You				
Circle (One)	(Circle One)		(Circle One)	
Female	18-29	42-53	White	Hispanic
Male	30-41	54 & over	Black	Other
			Asian	

Feedback:
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