SNAP BOYS CHILD GROUP EVALUATION FORM

NAME _____ DATE _____

To help us make the groups better for boys in the future, please tell us what you think.
Your answers are confidential.

1. WHAT WAS YOUR GOAL?

_____

2. HOW DO YOU THINK YOU DID ON YOUR GOAL? *PLEASE CIRCLE ONE.*

Great. Good Not Good Not Great

3. WHAT DOES SNAP MEAN?

_____

4. AFTER COMING TO GROUP, ARE YOU BETTER AT STOPPING YOURSELF AND STAYING IN CONTROL? Yes So-So No

5. AFTER COMING TO GROUP, ARE YOU BETTER AT MAKING GOOD CHOICES AND KEEPING YOUR PROBLEMS SMALL? Yes So-So No

6. DO YOU THINK SNAP WORKS? Yes So-So No

7. HAS SNAP HELPED YOU GET ALONG BETTER WITH....?
PLEASE CHECK (✓) ALL THAT APPLY.

☐ Parents ☐ Brothers & sisters **OR** ☐ Teachers ☐ Other kids
☐ No brothers & sisters

8. HAS SNAP HELPED YOU: *PLEASE CHECK (✓) ALL THAT APPLY.*

☐ Calm down ☐ Control anger ☐ Solve problems

9. WHAT DID YOU LIKE BEST ABOUT THE GROUP? *PLEASE CHECK (✓) 3*

☐ SMOOTH LANDING ☐ DOCKING BAY ☐ CODE ENGAGE
☐ MOONWALK ☐ GALACTIC INGESTION ☐ LEVELLING OFF

10. IF YOU COULD CHANGE ONE THING ABOUT THE GROUP, WHAT WOULD IT BE?

_____

_____

Please feel free to continue your comments on the back of this page.
Thank you for your feedback!

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