

# SNAP® GIRLS CHILDREN'S GROUP CLIENT SATISFACTION QUESTIONNAIRE

DATE: \_\_\_\_\_

To help us make the groups better for girls 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                      So-So                      Not Great
3. What does SNAP® mean? \_\_\_\_\_
4. After coming to the 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.*

- Brothers & sisters
- Parents                      **OR**                       Teachers                       Other kids
- No brothers or 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.*
  - Good Thing, Hard Thing
  - Practice Review
  - Goal Review
  - Skill Introduction
  - MODELLING
  - Role-play
  - Homework Practice
  - Circle Time
  - Relaxation

10. If you could change one thing about the group, what would it be? \_\_\_\_\_

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Please feel free to continue your comments on the back of this page.

*Thank you for your feedback!*

