

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.*

- Parents Brothers & sisters Teachers Other kids
- OR**
- 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? _____

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

Thank you for your feedback!