# GROUP EVALUATION

<table>
<thead>
<tr>
<th>Date</th>
<th>Case Manager</th>
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**Name (Optional)**

We want you to get the most you can out of these groups. Please help us to make these groups better by providing your feedback.

1) What did you like the most about today’s group or other groups you’ve attended?

2) What did you like the least?

3) What suggestions do you have for improvement?

4) What topics around life skills, overcoming barriers or getting/keeping employment would be of interest to you?

5) Anything else you would like your Case Manager or Job Council representative to know?