## **Participant Group Therapy Questionnaire**

As a participant in group therapy, we are seeking your feedback as part of our monitoring evaluation of the treatment agency. This form helps the United States Probation and Pretrial Services Office evaluate services paid for by the government. Participant's feedback provides valuable insights into aspects of treatment that are working well and areas needing improvement. If you have any concerns about the services you are receiving, please contact your assigned officer to provide additional information related to your responses.

-	Information:	M 4 - 1 TT 141-	C-1 -4 II-	C - O		C Off	041
Type o	f Group (circle one):	Mental Health	Substance Use	Co-Occuri	rıng	Sex Offense	Other:
Vendor Name:			Vendor Location:				
First N	ame of Group Facilit	rator(s):		I	Date o	of Group Sessio	n:
	ation Questions: circle your response	to the following	statements based	on your expe	erienc	e in group thera	apy sessions.
1.	The group facilitator(s) created a safe and supportive environment for sharing and discussion.						
	Strongly Disagree	Disagree		Agree		ngly Agree	
2.	The group sessions provided me with valuable insights and perspectives on my personal challenges or concerns.						
	Strongly Disagree	Disagree	Neutral	Agree	Stro	ngly Agree	
3.	The group therapy s Strongly Disagree	sessions helped m Disagree	•	oping skills a Agree		rategies.	
		_					
4.	The group dynamic Strongly Disagree	s and interactions Disagree		embers were Agree	_	ectful and helpfingly Agree	ul.
	Strollgry Disagree	Disagree	redutat	Agree	Suoi	igly Agree	
5.	The group facilitator(s) effectively guided the discussions and activities during the sessions.						
	Strongly Disagree	Disagree	Neutral	Agree	Stro	ngly Agree	
6.	I felt comfortable sharing my thoughts and feelings with the group.						
	Strongly Disagree	Disagree	Neutral	Agree	Stro	ngly Agree	
7.	The group sessions allowed me to gain a sense of support and connection with others who share similar experiences.						
	Strongly Disagree	Disagree	Neutral	Agree	Stron	ngly Agree	
8.	The group therapy format was beneficial in addressing my personal needs and goals.						
	Strongly Disagree	Disagree	Neutral	Agree	Stron	ngly Agree	
9.	The group facilitator(s) was professional and capable throughout the sessions.						
	Strongly Disagree	Disagree	Neutral	Agree	Stron	ngly Agree	
10.	. Overall, I found gro	oup therapy session	ons to be helpful	in my person	al gro	owth and well-b	eing.
	Strongly Disagree	Disagree	Neutral	Agree	Stro	ngly Agree	

Please provide any additional comments or feedback about your experience in the group therapy sessions: