

Attachment II Group Satisfaction Survey

Department of Public Safety and Correctional Services Substance Abuse Treatment Services

We would like to evaluate this program from your point of view. Please give us your feedback by placing a check in one of the boxes next to each statement that describes if you strongly agree, somewhat agree, somewhat disagree, strongly disagree or are neutral.

	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
1. I was treated in a professional, respectful and nonjudgmental manner.					
2. The quality of counseling and materials were excellent.					
3. The individual sessions were insightful and supportive of my recovery.					
4. The treatment that I received was helpful and enhanced my skills.					
5. The counselor was receptive to participant comments and questions.					
6. I would recommend this program to another person/individual.					
7. This group experience has prepared me to make positive changes in my life.					

Please provide additional comments or suggestions that you have about the group sessions

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Name _____
(optional)

Cc: file