



Jetson Counseling

Workshop Evaluation Form

Name (optional):	Date:
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Please tell us about your workshop experience:

Effectiveness of:	Not helpful		Somewhat helpful		Very helpful
	1	2	3	4	5
1. The amount of time spent in group therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1. Meditation time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1. Relevance to making changes in your life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1. Duration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1. Pace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1. Facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1. Food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1. What did you value MOST about the workshop?					
1. What could be better next time?					
1. Constructive suggestions for the facilitators?					
1. What did you learn from the workshop that you didn't already know?					
1. Would you recommend this experience to others?					
1. Any other comments?					