



**Kinship Cares Enhanced Navigator Model  
Support Group Evaluation Form**

**Session Topic:**

**Group Facilitators:**

**Date:**

**Time:**

**County: Ocean or Mercer (Circle One)**

**For each of the following statements please circle the response that best reflects your feelings about the statement.**

**1. I felt welcome in this support group.**

Strongly Agree      Agree      Disagree      Strongly Disagree

**2. I have learned new ideas or skills from coming to this support group.**

Strongly Agree      Agree      Disagree      Strongly Disagree

**3. The information shared in this group will help me to be a better caregiver.**

Strongly Agree      Agree      Disagree      Strongly Disagree

**4. I felt safe when raising my point of view.**

Strongly Agree      Agree      Disagree      Strongly Disagree

**What did you like best about this support group?**

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**How do you think we could improve this support group?**

*Thank you for your time, your feedback will be used to help us improve groups in the future.*