

akwaaba Program Evaluation Form

Name of group: _____ Date of service: _____

What did you expect from the program?

Did you get what you expected?

If not, why not?

What surprised you about the program?

What should we add or delete from the program?

Your comments:

Will you give permission for us to use some or all of your comments on our website? Yes or No

May we include your name? Yes or No

Signature: