

Youth Development Project: Session Evaluation Form (SEF)

Student ID# _____ Date ____ / ____ / ____ Facilitator _____ Session: **Individual or Group (Circle)**

Instructions: Use this form to evaluate today's counseling session. For each statement, please circle the number that best describes what you thought or felt about today's session.

In today's session

	Strongly Disagree	Slightly Disagree	Neutral	Slightly Agree	Strongly Agree
<u>Group Session Only</u>					
I felt that:	1	2	3	4	5
1. members of this group worked well together.	1	2	3	4	5
2. I liked being with the group.	1	2	3	4	5
I felt that the group:	1	2	3	4	5
3. understood what I was saying.	1	2	3	4	5
4. supported and encouraged me.	1	2	3	4	5
<u>Individual or Group Session</u>					
I felt that the facilitator:					
5. understood what I was saying.	1	2	3	4	5
6. supported and encouraged me.	1	2	3	4	5
I think that:					
7. the group covered useful skills.	1	2	3	4	5
8. I learned things that will help me with my problems.	1	2	3	4	5
I felt that:					
9. I had a chance to talk about new and different points of view.	1	2	3	4	5
10. talking about things helped me.	1	2	3	4	5