

## Grief Explorers Program Feedback & Evaluation

Providing us with your feedback helps to improve the quality of our services.  
 All personal information remains confidential.

**Your Name:**

**Your Children's Grief Explorers Program Intake:** month \_\_\_\_\_ year \_\_\_\_\_

**How many sessions of Grief Explorers did your child/children attend? Please circle...** 1   2   3   4   5

**How helpful was Grief Explorers to your child/children? Please rate from 1 to 10, the degree to which you found something helpful ... 1 being no help at all, 10 very helpful...** 1   2   3   4   5   6   7   8   9   10

**Please describe the impact The Paradise Kids Grief Explorers program has made on your family?**

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**How many sessions of our Grief Explorers Parents Group did you attend?**

**Please circle...** 1   2   3   4   5

**How helpful was our Grief Explorers Parents Group to you? Please rate from 1 to 10, the degree to which you found something helpful ... 1 being no help at all, 10 very helpful...**

1   2   3   4   5   6   7   8   9   10

**How helpful has our workbook and online resources been to your family? Please rate from 1 to 10, the degree to which you found something helpful ... 1 being no help at all, 10 very helpful...**

1   2   3   4   5   6   7   8   9   10

**Now your family has completed our group program, do you feel you need further support with individual counselling?**

YES [   ]      NO [   ]

**How did you find out about our services?** \_\_\_\_\_

**Any Further Comments?**

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**We would love to use your comments in our efforts to seek support for Paradise Kids Australia... I agree for my above comments to be used for publication purposes. This may include social media and websites. I understand none of family's personal details will be included.**

YES [   ]      NO [   ]

*Thank you for your time and your comments. We appreciate it!*