Workshop Option A & B
teen FLASH evaluation form.

Your Name

Today's Date

1. **How did you hear about the group?**

2. **What, for you, was most useful about the group?**

3. **What, for you, was the least useful?**

4. **Was the group what you expected?** Yes ☐ No ☐

Tell us why?

Please turn over

Workshop Option A & B
teen FLASH evaluation form.

5. If your parent/carer is attending flash have you noticed any change in their behaviour?

Yes ☐ No ☐ n/a ☐

6. Do you think you have you changed anything about your behaviour since coming to group?

Yes ☐ No ☐

If yes, tell us about the change

7. Has the group made any difference to your relationship with your parent?

Yes ☐ No ☐

If yes, tell us about the change

Please turn over

Workshop Option A & B
teen FLASH evaluation form.

7. What was the best moment for you in the group?

8. Did you feel supported in the group by the group leaders?

Not supported	Unsure	Supported	Very supported

Can you tell us how you felt supported

9. What would you say to another young person who was unsure about attending the group in future?

10. Do you have any other comments about the group and/or the group facilitators
(please feel free to leave any comments about taking part in the group)?