

NAME: Philip Popar DATE: 4/12/22

CLIENT SATISFACTION SURVEY

1) The program description and information provided before entering the program was clear and sufficient. 1 = strongly agree, 5 = strongly disagree

1 2 3 4 5

2) Please number the sessions in order of what was the most helpful (1) and what was the least helpful (13)

11 ~~4~~ Codependency

10 Healthy Relationships

5 Core Beliefs/Values

9 Forgiveness

2 ~~X~~ Guilt/Shame

4 Grief

3 ~~X~~ Stress/Anger Management

6 Self Esteem

8 Communication Skills

1 Thinking Errors/Thought Maps

7 Boundaries

3) Are there any topics that you feel should be addressed in this program?

What to do in the event of a future
similar situation to what got you here.

4) The program times and dates meet my scheduling needs? 1 = strongly agree, 5 = strongly disagree

1 2 3 4 5

5) I feel this program will help me deal with difficult domestic situations in the future. 1 = strongly agree, 5 = strongly disagree

1 2 3 4 5

6) I believe this program was beneficial to me. 1 = strongly agree, 5 = strongly disagree

1 2 3 4 5

7) Should this program continue to be offered as an alternative to traditional sentencing for individuals in situations similar to yours? YES NO