**Avalon Treatment Centers (850) 999-2623**

**Joanna Johnson, MSW, CAC, MAC, CFAS**

Client Feedback Form

*\*This form must be completed to receive credit for attendance.*

Client name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class attending (circle one): Anger Management, Anti-Theft, Batterer Intervention, Outpatient Substance Use, Victim Awareness

What do you hope to get out of this group?

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*After group:*

# What are your takeaways from group? What did you learn?

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How do you feel after this group? (Circle the number OR write your response)

*After class today my sense of wellbeing is very low*.

# 0------1------2------3------4------5------6 7

*After class today my sense of wellbeing is very high.*

What would you like to be discussed in the next group?

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