

SOCIAL & EMOTIONAL WELLBEING TEAM

Evaluation Form – Program Survey

A culturally safe place to provide holistic care from a multi-disciplinary team.

PROGRAM SURVEY		
Sex: M F	Other Age:	
Do you live in Wellington?	Yes	No
If not Wellington, where do you live?		
Were you part of a SEWB Program?		No
If yes, what was the name of the progra	m?	
Was the Staff member helpful?	Yes	No
Were you satisfied with the service?	Yes	No
Would you use the service again?	Yes	No
Could you please rate the program?		
Codid you please rate the program:		
Very Poor Poor	Average	Good Excellent
Very 1 001	, werage	Executive
Would you apply for future programs?	Yes	No
Any further comments can be left below	V	
I agree to the use of this feedback	for promotional purposes	