#### logoscolorPeer Coaching GroupBasic Evaluation Questionnaire

Please rate your answers to the following questions, with 1 as the worst and 6 at the best.

Your Name: *(This might be optional for your group)*

Your Facilitator(s) Name(s): *(This also might be optional for your group)*

Date:

My peer coaching group:

1. Helps me to develop skills in giving and receiving support and feedback 1 2 3 4 5 6
Comments:
2. Helps me to find and use the best resources for supporting me and others 1 2 3 4 5 6
Comments:
3. Helps us in a climate of open, trusting and effective communications 1 2 3 4 5 6
Comments:
4. Is a useful source of support, feedback and materials 1 2 3 4 5 6
Comments:
5. Has sufficient participation from all members 1 2 3 4 5 6
Comments
6. Is managed by us as effectively as possible 1 2 3 4 5 6
Comments: