DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES
SOCIAL WORK GROUP MEMBER EVALUATION

Name: _____ SID #: _____

Group Name: _____ Facility: _____

Group State Date: _____ Group End Date: _____

I. Quality of Participation

_____

_____

_____

II. Commitment to Continuing Growth

_____

_____

_____

III. Further Treatment Issues and/or Recommendations

_____

_____

_____

Group Leader(s) Signature: _____

_____

Date: _____

Participant Signature: _____

Date: _____

Distribution
Original – Participant
Copy – Base File
Copy – Group File