## Provider and Family Work Groups

DATE

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We want to learn about your experiences with the NAME OF WORKGROUP. Your answers are private and will be used to improve the NAME OF WORKGROUP work. Thank you for taking the time to complete this brief survey.

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| --- | --- | --- | --- | --- | --- |
| **Please rate your agreement with the following statements about the WORK GROUP NAME** | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** | **Not Sure** |
| Participating in the WORK GROUP NAME meetings has been a good use of my time. | Strongly Agree | Agree | Disagree | Strongly Disagree | Not Sure |
| Participating in the Workgroup has been a good learning experience for me | Strongly Agree | Agree | Disagree | Strongly Disagree | Not Sure |
| The facilitator is well prepared and effectively guides discussions | Strongly Agree | Agree | Disagree | Strongly Disagree | Not Sure |
| The facilitator helps the group value the contributions of each member. | Strongly Agree | Agree | Disagree | Strongly Disagree | Not Sure |
| I feel my participation is contributing to a national dialogue | Strongly Agree | Agree | Disagree | Strongly Disagree | Not Sure |

Please share what you have learned.

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Please share how you will use this experience in your work or community.

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