Worksheet: Group Review Form

Date: __________________________________________________________________________________

Name of Group: _______________________________________________________________________

Time held: ________________ Frequency: ________________ Duration: ________________

No. of Attendees: ______________________________________________________________________

Task(s) Performed (content): ______________________________________________________________________

________________________________________________________________________________

Resources Required:

________________________________________________________________________________

Preparation Required:

________________________________________________________________________________

Type of Group:

________________________________________________________________________________

Primary Aim of Group:

________________________________________________________________________________

Primary Skills Addressed (roles and performance components):

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Reference: HNEMH OT Practice Education Guidelines (2011)
Characteristics/Roles of Group Members:


Group Dynamics:


Facilitators Present and Role:


Skills/Strategies Used by Facilitator:


Impression:

  o What worked well?

  o What would you do differently?

  o Plan for next session.