

RECOVERING HANDS

RESIDENTIAL HEALTH AND WELL-BEING EXTENDED-CARE CENTER

"Reclaiming the planet - one life at a time"

Evaluation Form

At Recovering Hands, we continually strive to improve our facility, and programming. Your input will assist us with this process.

Length of time Attended: _____

Recovery Coach's Name: _____

Date: _____

Your Name (optional): _____ Phone or email: _____

Please indicate your level of satisfaction with each of the following:

Program met my expectations	poor	fair	satisfactory	good	excellent
How prepared I feel to be leaving	poor	fair	satisfactory	good	excellent
Ability of coach to listen and communicate	poor	fair	satisfactory	good	excellent
Food	poor	fair	satisfactory	good	excellent
Facility & Accommodations	poor	fair	satisfactory	good	excellent
Meetings and Recovery Atmosphere	poor	fair	satisfactory	good	excellent
Overall, how would you rate this program	poor	fair	satisfactory	good	excellent

If you answered "poor" or "fair" to any of the above please indicate your reasons:

If you received a scholarship, are you willing to write a letter thanking the Recovering Hands Board for that scholarship? Yes No I already did

Would you recommend this program to friends or family? Yes No

What did you like best about your stay here? _____

How did you hear about this program? _____

What changes, if any, would you recommend for this program? _____

Do you have any suggestions? _____

Additional Comments:

Please use a separate sheet of paper if more room is needed. We appreciate your feedback!

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