THE OAK FAMILIES & WELLNESS

Employee Wellness Programme Evaluation

PRIVATE AND CONFIDENTIAL • Participation is voluntary.

Company: _____ Date: _____

Programme topic: _____

Facilitator: _____

1. Programme evaluation

Tick one response per statement.

1 = Strongly disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly agree

Evaluation statement	1	2	3	4	5
The programme met my expectations.	☐	☐	☐	☐	☐
The topic was relevant to my needs.	☐	☐	☐	☐	☐
The facilitator demonstrated professionalism.	☐	☐	☐	☐	☐
The information was clear and understandable.	☐	☐	☐	☐	☐
I felt comfortable participating.	☐	☐	☐	☐	☐
The programme was engaging and informative.	☐	☐	☐	☐	☐
I gained practical coping strategies.	☐	☐	☐	☐	☐
I have a better understanding of my wellbeing.	☐	☐	☐	☐	☐
I can apply what I learned in my daily life.	☐	☐	☐	☐	☐
I am satisfied with the overall programme.	☐	☐	☐	☐	☐

2. Programme effectiveness

How would you rate the overall programme?

☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

What was the most valuable part of the programme?

What improvements would you recommend?

Evaluation continued

3. Future wellness programmes

Which topics would you like us to address in future? Tick all that apply.

☐ Stress management

☐ Burnout and mental fatigue

☐ Emotional intelligence

☐ Financial wellness

☐ Work-life balance

☐ Conflict management

☐ Parenting and family challenges

☐ Grief and loss

☐ Substance abuse awareness

☐ Building resilience

☐ Workplace relationships

☐ Other: _____

4. Additional support

Would you be interested in attending another wellness programme?

☐ Yes ☐ No ☐ Unsure

Would you benefit from confidential individual counselling?

☐ Yes ☐ No ☐ Unsure

If you would like individual support, please contact the practice privately.

5. Additional comments

Thank you for your valuable feedback. Your responses help us improve the quality of our services.