TEA GROUP INTERVENTION
Blank Sample Form
Questionnaire for Tea Group Inservice

Name: _____ Date: _____

1. Do you think the Tea Group will help you to see "difficult" residents in a different light?

Yes No

Why or Why Not?

_____

_____

_____

2. How did you feel while participating in or watching the Tea Group

_____

_____

_____

3. Which residents do you think would benefit from this program?

_____

_____

_____

4. What approaches have you tried in order to deal with the difficult behavior of these residents so far?

_____

_____

_____

Resident:	What Worked?	What Didn't?

5. What can you do to encourage resident participation in the Tea Group?

_____

_____

_____

6. How can you carry over approaches used in the Tea Group into the daily care of residents?

_____

_____

_____

7. Other suggestions for making the program successful:

_____

_____

_____