

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: