**Peer Support**

**Peer Support Program - Sample closing the match evaluation form.**

**Peer Supporter Name**

**Peer Supportee Name**

**Peer Support Program**

**Date commenced**

**Date completed**

1. What was your most enjoyable activity? What did you like about it?
2. How often did you meet your peer/s?
3. What did you value the most in the relationship?
4. What goals did you set and achieve? What allowed this?
5. What goals were set but were not achieved? Why do you think that happened?
6. What did you learn that you weren’t expecting?
7. What wouldn’t you do again?
8. What should the program not do again?
9. How would you improve the program?