

Client-Counsellor Feedback

This form allows you an opportunity to provide feedback to your counsellor after your sessions have finished. This will help your counsellor's professional development as well as helping to improve the service offered to others.

You DO NOT need to identify yourself.

Please place a mark in the box which most closely corresponds to how you feel about each statement.

About the Working Relationship With Your Counsellor

	Strongly Agree	Somewhat Agree	No Strong Feeling	Somewhat Disagree	Strongly Disagree
My counsellor listened to me effectively.	<input type="checkbox"/>				
My counsellor understood things from my point of view.	<input type="checkbox"/>				
My counsellor focused on what was important to me.	<input type="checkbox"/>				
My counsellor accepted what I said without judging me.	<input type="checkbox"/>				
My counsellor showed warmth toward me.	<input type="checkbox"/>				
My counsellor fostered a safe and trusting environment.	<input type="checkbox"/>				
My counsellor began and finished our sessions on time.	<input type="checkbox"/>				
My counsellor followed my lead during our sessions whenever that was appropriate.	<input type="checkbox"/>				
My counsellor provided leadership during our sessions when/if that was appropriate.	<input type="checkbox"/>				
My counsellor challenged me when/if that was appropriate.	<input type="checkbox"/>				

About the Results of Working With Your Counsellor

	Strongly Agree	Somewhat Agree	No Strong Feeling	Somewhat Disagree	Strongly Disagree
The sessions with my counsellor helped me with whatever originally led me to seek counselling.	<input type="checkbox"/>				
Any changes which might have occurred in me as a result of my counselling have been positive and welcome.	<input type="checkbox"/>				

Overall Satisfaction

	Very Satisfied	Somewhat Satisfied	No Strong Feeling	Somewhat Dissatisfied	Strongly Dissatisfied
My overall level of satisfaction with the service provided by my counsellor is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Based on my experience, I would recommend my counsellor to others.		Yes <input type="checkbox"/>		No <input type="checkbox"/>	

Other Comments

Please use the space below for any other comments you would like to bring to your counsellor's attention. (If there are any matters which you specifically would not have wanted to discuss with your counsellor in person, your counsellor would be especially glad to know of these.) If you include your name in this section, it will be treated as CONFIDENTIAL. If you need more space, please continue on the back or add another page.

*Please return this form in the stamped envelope provided. **Thank you!***