



Client Evaluation Form

(Counsellors to give to client at last session)

Immediately after completion of counselling we ask all clients to complete this evaluation form. This helps us assess our service to you and improve it to meet the needs of clients. All information is strictly confidential and will be used for the purpose of service evaluation

1. How did you hear about the service?

2. How many days was it until your first appointment after telephoning the Helpline?

☐ 1-5 days

☐ 5+ days

Was this acceptable to you?

☐ Yes

☐ No

3. Was the location of counselling convenient for you?

☐ Yes

☐ No

4. How would you rate the level of your counsellor's professionalism?

☐ Very
Highly

☐ Highly

☐ Acceptable

☐ Unacceptable

If you have any concerns please let us know:

5. Did counselling help you deal more effectively with problems?

- ☐ No, it didn't really help ☐ Yes, it was somewhat helpful ☐ It was helpful ☐ Yes, it helped a great deal

6. Since the end of counselling would you rate your work performance as

- ☐ Better than before ☐ Similar to before ☐ Less good than before ☐ Unable to work or absent regularly

7. In your opinion has counselling been of benefit to your life at work?

- ☐ No, definitely not ☐ Only of little benefit ☐ Yes, considerably ☐ Yes, definitely

8. Overall, was the service helpful to you?

- ☐ Very Helpful ☐ Quite Helpful ☐ Not very Helpful ☐ Completely Helpful

9. Would you use the service again if the need arose?

- ☐ Yes ☐ No

10. Are there any additional comments you would like to make?

11. Please either sign (optional) or state the name of your counsellor:

Signed:

Counsellor:

Thank you for your help. A stamped addressed envelope is enclosed.

Return to: EAP Consultants
 2nd Floor
 6 Suffolk Street
 Dublin 2