



Feedback Form – School Counselling

To help us ensure that we are providing a high quality service, we would greatly appreciate your time and consideration in completing this evaluation form. Your opinion is valued and we thank you for your honesty.

Date: _____

School: _____ **Counsellor/s Name:** _____

Male **Female** **Are you Aboriginal or Torres Strait Islander?** Yes No Both

Child's year level: R 1 - 2 3 - 4 5 - 6 7
8 - 9 10 - 11 12

How helpful have the school counselling sessions been?

Very helpful Mostly helpful Not at all

If 'not at all' please give details why?

Do you feel like your School Counsellor understands your needs / your child's needs?

Completely Mostly Not at all

If 'not at all' please give details why?

Have you/your child gained new skills in areas to address the reasons you/they sought counselling to begin with?

Agree Disagree Don't know

Have you/your child participated in any workshops that have been run by the school counsellor?

Yes No Don't know

If 'yes' please give details below



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What areas would you like to see workshops focus on?

- | | | | | | |
|------------------|--------------------------|-----------------------|--------------------------|-------------|--------------------------|
| Anger Management | <input type="checkbox"/> | Bullying | <input type="checkbox"/> | Self-esteem | <input type="checkbox"/> |
| Friendships | <input type="checkbox"/> | Separation of parents | <input type="checkbox"/> | Other | <input type="checkbox"/> |

If 'other' please state what areas

Any other comments:

Thank you for your participation