

# CLIENT FEEDBACK FORM



## Why Fill Out This Form?

I want to know how therapy was for you and how you're doing after being away for a while. My hope is that it will give you a chance to look back on the work we did together and remember what helped you, what didn't work so well, and where you want to focus your energies in future.

Also, I want to make sure that you have all the resources you need to move forward, so if there is something you're still curious about - whether it's something you'd like to work on with me, with another therapist, or in a totally different way - I would be happy to share ideas and resources with you.

It will also help me grow as a therapist by letting me know what I'm doing well for my clients and what I need to work on, especially if therapy ended abruptly for you.

You are welcome to identify yourself or not on this form, and if you would rather discuss these matters by phone or in person, I would be happy to do that also.

Check the boxes that apply, and please add any additional comments at the bottom of this form or on additional pages, if needed.

## About our Working Relationship

|   | never | at times | usually | always |
|---|-------|----------|---------|--------|
| I felt heard and understood in our sessions.                            |       |          |         |        |
| You understood my situation from my point of view.                      |       |          |         |        |
| Our sessions focused on what was important to me.                       |       |          |         |        |
| I felt accepted and not judged.   |       |          |         |        |
| You showed warmth towards me.   |       |          |         |        |
| Counselling was a safe and trusting environment.                        |       |          |         |        |
| Our sessions began and ended on time.                                   |       |          |         |        |
| You followed my lead during our sessions when appropriate.              |       |          |         |        |
| You provided leadership and direction in our sessions when appropriate. |       |          |         |        |
| You challenged my behaviors and beliefs when appropriate.               |       |          |         |        |

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## About the Results of Counselling

|   | not at all | some-what | mostly | yes |
|---|------------|-----------|--------|-----|
| Our sessions helped me with the issue that originally brought me to counselling.                            |            |           |        |     |
| The changes that might have occurred in me as a result of our sessions have been both positive and welcome. |            |           |        |     |

## Overall Satisfaction

My overall satisfaction with the service provided to me is \_\_\_\_\_.

Based on my experiences, I would recommend therapy to others. Y / maybe / N

Based on my experiences, I would recommend this counsellor to others. Y / maybe / N

There are some loose ends I'd like to tie up. Please call me at the following number so we can

book a wrap-up session: (    ) \_\_\_\_\_ - \_\_\_\_\_

## Additional Comments and/or Resources I need (Feel free to add other pages if needed):

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