

CLIENT’S REPORT OF COUNSELING AND THERAPIST

Please help *I Choose Change* and your therapist by evaluating your recent counseling experience. This survey is completely confidential and we value your honesty and comments. If you would like to be contacted regarding this evaluation please write your name and phone number on the reverse side of this page and someone from our office will contact you.

Use the following scale for all questions asking for a rating:

1 Unsatisfactory	2 Somewhat Unsatisfactory	3 Met Expectations	4 Exceeded Expectations	5 Outstanding
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Please write the name of your counselor: _____

1. Please rate your overall impression of this therapy experience: _____

2. Please rate the ease of scheduling: _____

3. Please rate the professionalism of the therapist and staff: _____

4. Please rate the usefulness of your counselor’s assistance: _____

5. Please rate the effectiveness of your therapist’s style: _____

6. What was the most effective in your treatment? _____

7. Was there anything during your counseling that irritated you, rubbed you the wrong way, or which you disagreed with? _____

8. What was particularly useful in your counseling session(s)? _____

9. Would you refer someone to this counselor or office for treatment? If no, why? _____

Thank you for your time and attention to this survey. If you have additional comments or would like to have your comments used as a confidential testimonial for *I Choose Change* please write them on the reverse. Return this form to our office by fax or the enclosed self-addressed, stamped envelope (or via fax or email).