

This form allows you an opportunity to provide feedback to your therapist after your sessions. This will help your therapist's develop and improve the services offered to you and 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 Therapist**

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

**About the Results of Working with Your Therapist**

	Strongly Agree	Somewhat Agree	No Strong Feeling	Somewhat Disagree	Strongly Disagree
The sessions with my therapist helped me with whatever originally led me to seek therapy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any changes which might have occurred in me as a result of my Counseling have been positive and welcome.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 therapist is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Based on my experience, I would recommend my therapist to Others.		Yes <input type="checkbox"/>		No <input type="checkbox"/>	

  

	Strongly Agree	Somewhat Agree	No Strong Feeling	Somewhat Disagree	Strongly Disagree
I was greeted with courtesy when I arrived at the office.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The environment was inviting and warm.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Other Comments**

Please use the space below for any other comments you would like to bring to your therapist's attention. (If there are any matters which you specifically would not have wanted to discuss with your therapist in person, your therapist 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 to the address or fax number listed below ↓*